

ACORD™ COMMERCIAL POLICY CHANGE REQUEST

DATE

PRODUCER PHONE (A/C, No, Ext):	POLICY TYPE PROPERTY INLAND MARINE UMBRELLA	GENERAL LIABILITY AUTO/TRUCKERS WORKERS COMP	
COMPANY		NAIC CODE:	
CODE:	SUB CODE:		
AGENCY CUSTOMER ID: INSURED'S NAME	ATTENTION: POLICY NUMBER		EFFECTIVE DATE OF CHANGE
INSURED'S MAILING ADDRESS IF CHANGED (INC ZIP+4)	POLICY INCEPTION DATE		POLICY EXPIRATION DATE
THIS IS AN ACKNOWLEDGEMENT OF YOUR REQUEST. UPON APPROVAL, THE COMPANY'S RECORDS WILL BE ADJUSTED ACCORDINGLY, AND IF A PREMIUM ADJUSTMENT IS REQUIRED, IT WILL BE DONE AT PREMIUM AUDIT OR BY ENDORSEMENT.			

PREMISES INFORMATION							ADD	CHANGE	DELETE
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4			CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED	
					<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT			

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)							ADD	CHANGE	DELETE
LOC #	BLD #								

AUTO-VEHICLE DESCRIPTION/LIMITS		POLICY LIMIT(S) CHANGED				ADD	CHANGE	DELETE			
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	SYM/AGE	COST NEW				
							\$				
CITY, STATE, ZIP WHERE GARAGED		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> UNDER 15 MILES <input type="checkbox"/> 15 MILES OR OVER	<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	<input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP <input type="checkbox"/> COLL	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT	<input type="checkbox"/> \$ <input type="checkbox"/> \$	<input type="checkbox"/> \$ <input type="checkbox"/> \$	<input type="checkbox"/> \$ <input type="checkbox"/> \$	<input type="checkbox"/> \$ <input type="checkbox"/> \$
LIABILITY		NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
\$		\$		\$		\$		\$		\$	

AUTO-VEHICLE DESCRIPTION/LIMITS		POLICY LIMIT(S) CHANGED				ADD	CHANGE	DELETE			
VEH #	YEAR	MAKE:	MODEL:	BODY TYPE:	V.I.N.:	SYM/AGE	COST NEW				
							\$				
CITY, STATE, ZIP WHERE GARAGED		TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	DEDUCTIBLES	ACV	COMP	SPEC C OF L
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> UNDER 15 MILES <input type="checkbox"/> 15 MILES OR OVER	<input type="checkbox"/> PLEASURE <input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL <input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO FAULT <input type="checkbox"/> MED PAY UNINS MOTOR	<input type="checkbox"/> UNINS MOTOR <input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FT <input type="checkbox"/> FTW	<input type="checkbox"/> COMP <input type="checkbox"/> COLL	<input type="checkbox"/> AA <input type="checkbox"/> ST AMT	<input type="checkbox"/> \$ <input type="checkbox"/> \$	<input type="checkbox"/> \$ <input type="checkbox"/> \$	<input type="checkbox"/> \$ <input type="checkbox"/> \$	<input type="checkbox"/> \$ <input type="checkbox"/> \$
LIABILITY		NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS	
\$		\$		\$		\$		\$		\$	

DRIVER INFORMATION (List drivers who frequently use own vehicles)							ADD	CHANGE	DELETE
DRIVER #	NAME (Include address, if required)			DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE

DRIVER INFORMATION (List drivers who frequently use own vehicles)							ADD	CHANGE	DELETE
DRIVER #	NAME (Include address, if required)			DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #	% USE

WORKERS COMPENSATION RATING INFORMATION							
TYPE OF CHANGE	STATE	LOC	CLASS CODE	COMPANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES	ESTIMATED ANNUAL REMUNERATION

PROPERTY/INLAND MARINE - PREMISES INFORMATION							PREMISES #:	BUILDING #:	ADD	CHANGE	DELETE
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY				

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE			FIRE DISTRICT/CODE NUMBER			PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA		
BUILDING IMPROVEMENTS		PLUMBING, YR:	OTHER OCCUPANCIES									
WIRING, YR:		HEATING, YR:										
ROOFING, YR:		OTHER:										
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE			REAR EXPOSURE & DISTANCE						
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN	CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CQ/Chemical Systems)					FIRE ALARM MANUFACTURER			CENTRAL STATION LOCAL GONG				

INLAND MARINE - SCHEDULED EQUIPMENT				% COINSURANCE:	ADD	CHANGE	DELETE
#	MODEL YEAR	DESCRIPTION (TYPE, MANUFACTURER, MODEL, CAPACITY, ETC)	ID #/SERIAL #	DATE PURCHASED	NEW/USED	AMOUNT OF INSURANCE	
						\$	
						\$	

GENERAL LIABILITY - LIMITS			CHANGE
GENERAL AGGREGATE	\$	EACH OCCURRENCE	\$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	FIRE DAMAGE (Any one fire)	\$
PERSONAL & ADVERTISING INJURY	\$	MEDICAL EXPENSE (Any one person)	\$

GENERAL LIABILITY - SCHEDULE OF HAZARDS						
TYPE OF CHANGE	LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	PREMIUM BASIS CODES
						(S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

UMBRELLA			CHANGE
LIMIT OF LIABILITY	\$	OTHER (DESCRIBE)	
RETAINED LIMIT	\$		

ADDITIONAL INTEREST					ADD	CHANGE	DELETE	
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER			
ADDITIONAL INSURED					PREMISES:	BUILDING:		
LOSS PAYEE					VEHICLE:	BOAT:		
MORTGAGEE (#)					SCHEDULED ITEM NUMBER:			
MORTGAGEE (#)					OTHER			
LIENHOLDER								
EMPLOYEE AS LESSOR		ITEM DESCRIPTION:						

ADDITIONAL CHANGES/REMARKS

SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)

INSURED'S SIGNATURE	PRODUCER'S SIGNATURE
---------------------	----------------------