

ACORD™ COMMERCIAL POLICY CHANGE REQUEST						DATE (MM/DD/YY)	
PRODUCER		PHONE (A/C, No, Ext):		POLICY TYPE		GENERAL LIABILITY	
				PROPERTY			
				INLAND MARINE		AUTO/TRUCKERS	
				UMBRELLA		WORKERS COMP	
COMPANY				NAIC CODE:			
CODE:		SUB CODE:					
AGENCY CUSTOMER ID:		ATTENTION:					
INSURED'S NAME		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	
					INSIDE	OWNER			
					OUTSIDE	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:	BODY TYPE:			SYM/AGE	COST NEW				
		MODEL:	V.I.N.:				\$				
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
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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, CO ₂ /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

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

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

ADDITIONAL INTEREST

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
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