DATE (MM/DD/YYYY)

ACORD COMMERCIAL POLICY	CHANGE REQUEST 2024-09-08								
AGENCY	CARRIER NAIC CODE								
Agency Name	Carrier Name NAIC Code								
123 Main St #234	ATTENTION								
San Francisco CA, 94106	Attention								
CONTACT	POLICY NUMBER								
CONTACT Contact Name PHONE (FFF) 444 2222	Policy Number Account Number								
PHONE (A/C, No, Ext): (555) 444-3333 FAX (A/C, No): (555) 444-3333	Account Number								
E-MAIL testy@example.com	EFFECTIVE DATE OF CHANGE POLICY INCEPTION DATE POLICY EXPIRATION DATE								
CODE: Code SUBCODE: Subcode	09/08/2024 09/08/2024 09/08/2024								
AGENCY CUSTOMER ID: Agency Customer Id	POLICY X PROPERTY AUTO WORKERS COMP								
NAMED INSURED	INLAND MARINE TRUCKERS Policy Type Other								
Robin W. Smith INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4)	UMBRELLA MOTOR CARRIERS GENERAL LIABILITY BUSINESS OWNERS								
Robin W. Smith									
123 Main St #234	THIS IS AN ACKNOWLEDGEMENT OF YOUR REQUEST. UPON APPROVAL, THE COMPANY'S RECORDS WILL BE ADJUSTED ACCORDINGLY, AND IF A PREMIUM ADJUSTMENT IS								
San Francisco CA, 94106	REQUIRED, IT WILL BE DONE AT PREMIUM AUDIT OR BY ENDORSEMENT.								
SHORT DESCRIPTION OF CHANGES / REMARKS (ACORD 101, Additi	onal Remarks Schedule, may be attached if more space is required)								
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DEMICES INFORMATION	V								
PREMISES INFORMATION LOC# BLD# STREET, CITY, COUNTY, STATE, ZIP+4	X ADD CHANGE DELETE CITY LIMITS INTEREST YR BUILT PART OCCUPIED								
123 Main St #234	X INSIDE X OWNER								
Premises mise- San Francisco CA, 94106	OUTSIDE TENANT 2024 Premises Information Part Occupied								
NATURESOF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S) ADD CHANGE DELETE									
mati life Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor. BUS- tion									
AUTO-VE IICLE DESCRIPTION / LIMITS X POLICY LIMIT(S) CHANGED	X ADD CHANGE DELETE								
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Auto Vehicle Model: Auto Vehicle Model 1 Vehic-Vehic-Vehicle (Required in KY) GARAGING AUTO COUNTY COUNTY COUNTY COUNTY SPEC COML Auto Auto Auto Auto Auto Auto Auto Auto									
ADRESS / 123 Main St #234 San Francisco	cle cle								
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te_1 s 12,345.67	\$ 12,345.67 \$ 12,345.67 \$ 12,345.67								
AUTO-VEHICLE DESCRIPTION / LIMITS POLICY LIMIT(S) CHANGED	X ADD CHANGE DELETE								
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Auto Auto Model: Auto Vehicle Model 2 V.I.N.: Auto Veh	ICIE VIN 2 X PP SPEC COML Auto Auto Vehi-								
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DRIVER INFORMATION (List drivers who frequently use own vehicles)	\$ 12,345.67								
DRIVER INFORMATION (List drivers who frequently use own vehicles) DRIVER NAME	\$ 12,345.67								
DRIVER INFORMATION (List drivers who frequently use own vehicles) DRIVER	\$ 12,345.67								

AGENCY CUSTOMER ID: Agency Customer Id

WORKERS COMPENSATION RA	TING INFORMA	ATION			_				
TYPE OF CHANGE STATE LOC CLASS CODE	DESCR CODE CATEGORIES, DUTIES, CLASSIFICATIONS						# O EMPLO FULL	PART REMINISTRATION	
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Subject 2								lition 2	
ADDITIONAL COVERAGES, OPTIONS, RESTRI	ICTIONS, ENDORSEM	MENTS AND RATIN	ig МРОКМАТ Valuat-	ION (Attach ACORD 101,	Additional Remark	s Schedule	, if more space i	s required)	
Property Or Inland Info Addition	nal Coverages		ion 2	Prem-	ng				
CONSTRUCTION TYPE	H)	DISTANCE TO YDRANT FIRE S	TAT FIRE	DISTRIC <mark>TL/GO</mark> DE NUMBE		STORIES		R BUILT TOTAL AREA	
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BUILDING IMPROVEMENTS	PLUMBING, YR:	erty	BLDG CODE GRADE	DISTRICTED? ROOM	F OTHER OCCU	PANCIES	rty Or Inland	ty Or Inland Info Inland Total Area	
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BURGLAR ALARM TYPE	đ	CERTIFICATE#	Code	EXPIRATION DATE	1	EXTENT	GRADE		
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INLAND MARINE - SCHEDULED	EQUIPMENT	% COIN	NSURANCE:	FireAlarmMa 50%			CHANGE	DELETE	
# MODEL PESCRIPTION (TYPE, MA	ANUFACTURER, MOI	DEL, CAPACITY, E	TC)	ID #/SERIAL #	PURC	TE HASED	NEW/USED	AMOUNT OF INSURANCE	
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nd nd	ptioni			Illiand Marine I	024		Marine	\$ 12,545.07	
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ne Seria ne Marine Descri	ption2			Inland Marine I	024	I .	Used1 Marine	\$ 12,345.67	
GENERAL LIABILITY - LIMITS			•			Х			
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PRODUCTS & COMPLETED OPERATIONS AGO	I COL						s 12,345.67		
PERSONAL & ADVERTISING INJURY	el				EMPLOYEE BENEFITS			s 12,345.67	
EACH OCCURRENCE		\$ 12,345.6		General liabili		er		s 12,345.67	
GENERAL LIABILITY - SCHEDUL	E OE HAZARD	_						.	
	L OI HAZARD			_					
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Cl:	al Liability fication 1	General Liability	Genera Liabilit		,		A) AREA - PER		
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X ADDITIONAL LOSS PAYEE R	Robin W. Smith	al				-	LOCATION:		
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EMPLOYEE AS LESSOR MORTGAGEE		Inte-					AIRPORT:	ntere- ditio-	
EMPLOYEE AS LESSOR LENDER' LOSS PAYABLE OWNER 1	123 Main St #23	Inte- rest				L		Toroct Today	
EMPLOYEE AS LESSOR LENDER' LOSS PAYABLE OWNER 1		4					ITEM CLASS:	ierest Additional	
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