



# COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)  
2024-09-08

AGENCY <b>Agency Name</b> 123 Main St #234 San Francisco CA, 94106		CARRIER <b>Carrier Name</b>		NAIC CODE <b>NAIC Code</b>
CONTACT NAME: <b>Contact Name</b>		ATTENTION <b>Attention</b>		
PHONE (A/C, No, Ext): <b>(555) 444-3333</b>	POLICY NUMBER <b>Policy Number</b>			
FAX (A/C, No): <b>(555) 444-3333</b>	ACCOUNT NUMBER <b>Account Number</b>			
E-MAIL ADDRESS: <b>testy@example.com</b>	EFFECTIVE DATE OF CHANGE <b>09/08/2024</b>	POLICY INCEPTION DATE <b>09/08/2024</b>	POLICY EXPIRATION DATE <b>09/08/2024</b>	
CODE: <b>Code</b> SUBCODE: <b>Subcode</b>	POLICY TYPE <input checked="" type="checkbox"/> PROPERTY		AUTO	
AGENCY CUSTOMER ID: <b>Agency Customer Id</b>	INLAND MARINE		TRUCKERS	
NAMED INSURED <b>Robin W. Smith</b>	UMBRELLA		MOTOR CARRIERS	
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4) <b>Robin W. Smith</b> 123 Main St #234 San Francisco CA, 94106	GENERAL LIABILITY		BUSINESS OWNERS	
WORKERS COMP <b>Policy Type Other Description</b>				
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.				

## SHORT DESCRIPTION OF CHANGES / REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

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## PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
<b>Premises</b>	<b>Pre-mise</b>	123 Main St #234 San Francisco CA, 94106	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	2024	<b>Premises Information Part Occupied</b>

## NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S)

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
<b>Info- Busi- LOC</b>	<b>Info- Busi- LOC</b>	123 Main St #234 San Francisco CA, 94106	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT	2024	<b>Premises Information Part Occupied</b>

## AUTO-VEHICLE DESCRIPTION / LIMITS

VEH #	YEAR	MAKE: <b>Auto Vehicle Make 1</b>	BODY TYPE: <b>Auto Vehicle Body Type 1</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle Model 1</b>	<b>Auto Vehicle VIN 1</b>	<input checked="" type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP	VEHICLE CLASS	VEHICLE COLL
<b>Auto Vehicle</b>	123 Main St #234	San Francisco		CA	94106	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle GVV</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>
USE	COMML	FOR HIRE	CHECK COVERAGES	ADD'L NO FAULT	UNDRINS MOTOR	TOWING & LABOR	RENT REIMB FG
<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR	TOTAL PREM: \$ <b>12,345.67</b>			
<b>Auto Vehicle</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Auto Vehicle NET VEH DR Or CR 1</b>	<b>12,345.67</b>			
LIABILITY	NO FAULT	ADD'L NO FAULT	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS		
<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>		

## AUTO-VEHICLE DESCRIPTION / LIMITS

VEH #	YEAR	MAKE: <b>Auto Vehicle Make 2</b>	BODY TYPE: <b>Auto Vehicle Body Type 2</b>	VEHICLE TYPE	SYM / AGE	COMP / OTC SYM	COLL SYM
<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle Model 2</b>	<b>Auto Vehicle VIN 2</b>	<input checked="" type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP	VEHICLE CLASS	VEHICLE COLL
<b>Auto Vehicle</b>	123 Main St #234	San Francisco		CA	94106	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS
<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle GVV</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>
USE	COMML	FOR HIRE	CHECK COVERAGES	ADD'L NO FAULT	UNDRINS MOTOR	TOWING & LABOR	RENT REIMB FG
<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR	TOTAL PREM: \$ <b>12,345.67</b>			
<b>Auto Vehicle</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Auto Vehicle NET VEH DR Or CR 2</b>	<b>12,345.67</b>			
LIABILITY	NO FAULT	ADD'L NO FAULT	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS		
<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>	<b>Auto Vehicle</b>		

## DRIVER INFORMATION (List drivers who frequently use own vehicles)

DRIVER #	NAME	CITY, STATE AND ZIP CODE	SEX	* MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
<b>Driver Info</b>	<b>Robin W. Smith</b>	<b>123 Main St #234, San Francisco CA, 94106</b>			<b>08/08/2024</b>	<b>2024</b>	<b>2024</b>	<b>Driver Information License Number</b>		<b>08/08/2024</b>			<b>Driver Info</b>	<b>00</b>

**WORKERS COMPENSATION RATING INFORMATION**

TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES FULL TIME	# OF EMPLOYEES PART TIME	ESTIMATED ANNUAL REMUNERATION
Workers Information Categories	CA	1	Wor		Workers Information Categories Duties Classify 1	12,345	345	\$12,345.67
Workers Information Categories	CA	2	Wor		Workers Information Categories Duties Classify 2	12,345	345	\$12,345.67

PROPERTY / INLAND MARINE - PREMISES INFORMATION				PREMISES #:	BUILDING #:	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS				
1 Property Or Inland Info Subject 1	12,345.67	50%	Property Or Inland Info	Property Or Inland Causes	50%		\$12,345.67	Property Or Inland Info Forms And Condition 1
2 Property Or Inland Info Subject 2	12,345.67	50%	Property Or Inland Info	Property Or Inland Causes	50%		\$12,345.67	Property Or Inland Info Forms And Condition 2

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Property Or Inland Info Additional Coverages

CONSTRUCTION TYPE	DISTANCE TO HYDRANT	FIRE STAT	FIRE DISTRICT / CODE NUMBER	PROTECT	# STORIES	# BASMT'S	YR BUILT	TOTAL AREA
Property Or Inland Info Construction Type	Property Or Inland Info	Property Or Inland Info	Property Or Inland Info	Property Or Inland Info	Property Or Inland Info	Property Or Inland Info	Property Or Inland Info	Property Or Inland Info
BUILDING IMPROVEMENTS	PLUMBING, YR:	HEATING, YR:	OTHER:	BLDG CODE GRADE	INSPECTED? Y/N	ROOF TYPE	OTHER OCCUPANCIES	
X WIRING, YR: 2024	2024			Property Or Inland Info	X	Property Or Inland Info	Property Or Inland Info	
RIGHT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE							
Property Or Inland Info Right Exposure	Property Or Inland Info Rear Exposure							
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION			
Property Or Inland Info Burglar Alarm	Property Or Inland Info	09/08/2024	Property Or Inland Info	Property Or Inland Info	X WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN			CLOCK HOURLY				
Property Or Inland Info Burglar Alarm Install By	Property Or Inland Info							
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> / Chemical Systems)	FIRE ALARM MANUFACTURER			CENTRAL STATION				
Property Or Inland Info Premises Fire Protection	Property Or Inland Info			X 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
1		Inland Marine Description 1	Inland Marine Id 1	09/08/2024	Inland Marine	\$ 12,345.67
2		Inland Marine Description 2	Inland Marine Id 2	09/08/2024	New Or Inland Marine	\$ 12,345.67

GENERAL LIABILITY - LIMITS			
GENERAL AGGREGATE	\$ 12,345.67	DAMAGE TO RENTED PREMISES	\$ 12,345.67
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ 12,345.67	MEDICAL EXPENSE (Any one person)	\$ 12,345.67
PERSONAL & ADVERTISING INJURY	\$ 12,345.67	EMPLOYEE BENEFITS	\$ 12,345.67
EACH OCCURRENCE	\$ 12,345.67	General liability limits- other	\$ 12,345.67

GENERAL LIABILITY - SCHEDULE OF HAZARDS								
TYPE OF CHANGE	LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREMIUM BASIS CODES
General Liability	Gen	1	General Liability Classification 1	General Liability	General Liability	General Liability Exposure 1	General	(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
General Liability	Gen	2	General Liability Classification 2	General Liability	General Liability	General Liability Exposure 2	General	
General Liability	Gen	3	General Liability Classification 3	General Liability	General Liability	General Liability Exposure 3	General	

UMBRELLA		ClassCode	Premium-Basis	CHANGE	DELETE
LIMIT OF LIABILITY	Umbrella Limit	Umbrella	Umbrella Other Describe		
RETAINED LIMIT	Umbrella Retained Limit				

ADDITIONAL INTEREST				ADD	CHANGE	DELETE
INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
X ADDITIONAL INSURED EMPLOYEE AS LESSOR LENDER LOSS PAYABLE LIENHOLDER	Robinson W. Smith 123 Main St #234 San Francisco CA	Additional Interest Rank	X	94106	LOCATION: Additional Interest	BUILDING: Additional Interest
LOSS PAYEE MORTGAGEE OWNER REGISTRANT					VEHICLE: Additional Interest	BOAT: Additional Interest
Additional Interest Other Description	REFERENCE / LOAN #: Additional Interest Loan Number				AIRPORT: Additional Interest	ITEM: Additional Interest

SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
	Robin W. Smith	Class Producer State License
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER
	09/08/2024	National Producer Number