



# COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)  
2024-08-12

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>08/12/2024</b>	POLICY INCEPTION DATE <b>08/12/2024</b>	POLICY EXPIRATION DATE <b>08/12/2024</b>	
CODE: <b>Code</b> SUBCODE: <b>Subcode</b>	POLICY TYPE <input checked="" type="checkbox"/> PROPERTY	<input type="checkbox"/> AUTO	WORKERS COMP	
AGENCY CUSTOMER ID: <b>Agency Customer Id</b>	<input type="checkbox"/> INLAND MARINE	<input type="checkbox"/> TRUCKERS	<b>Policy Type Other Description</b>	
NAMED INSURED <b>Robin W. Smith</b>	<input type="checkbox"/> UMBRELLA	<input type="checkbox"/> 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	<input type="checkbox"/> GENERAL LIABILITY	<input type="checkbox"/> BUSINESS OWNERS		
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
Premises	Pre-mise	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	Premises Information Part Occupied

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

LOC #	BLD #	Info-Location	Business Description
			Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.

### 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	
Auto Vehicle	Auto Vehicle	Auto Vehicle Model 1	Auto Vehicle VIN 1	<input checked="" type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	Auto Vehicle	Auto Vehicle	Auto Vehicle	
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP	Age	Cost New	
123 Main St #234	San Francisco			CA	94106	1	\$ 12,345.67	
LIC STATE	TERR	GWW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
Auto Vehicle	Auto Vehicle	Auto Vehicle GVV	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle Farthest 1
USE	COMML	FOR HIRE	CHECK COVERAGES	ADD'L NO FAULT	UNDRINS MOTOR	TOWING & LABOR	LSP	RENT REIMB FG
Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle
DRIVE TO WORK / SCHOOL	X	< 15 MILES	15 MILES +	NET VEH DR/CR:	Auto Vehicle NET VEH DR Or CR 1	TOTAL PREM: \$	12,345.67	
LIABILITY	NO FAULT	ADD'L NO FAULT	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS			
\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67			

### 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	
Auto Vehicle	Auto Vehicle	Auto Vehicle Model 2	Auto Vehicle VIN 2	<input checked="" type="checkbox"/> PP <input type="checkbox"/> SPEC <input type="checkbox"/> COML	Auto Vehicle	Auto Vehicle	Auto Vehicle	
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP	Age	Cost New	
123 Main St #234	San Francisco			CA	94106	2	\$ 12,345.67	
LIC STATE	TERR	GWW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
Auto Vehicle	Auto Vehicle	Auto Vehicle GVV	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle Farthest 2
USE	COMML	FOR HIRE	CHECK COVERAGES	ADD'L NO FAULT	UNDRINS MOTOR	TOWING & LABOR	LSP	RENT REIMB FG
Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle	Auto Vehicle
DRIVE TO WORK / SCHOOL	X	< 15 MILES	15 MILES +	NET VEH DR/CR:	Auto Vehicle NET VEH DR Or CR 2	TOTAL PREM: \$	12,345.67	
LIABILITY	NO FAULT	ADD'L NO FAULT	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS			
\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67			

### 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
Driver Info-94106	Robin W. Smith	123 Main St #234, San Francisco CA, 94106			08/12/2024	2024	2024	Driver Information License Number	024	08/12/2024			Driver Info-94106	00

**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			1	Wor-	Workers Information Categories Duties Classify 1	12,345	345	\$12,345.67
Workers Information Categories			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	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY	
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	# BASMTS	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	TAX CODE	OTHER OCCUPANCIES
X WIRING, YR: 2024	2024	2024		Property Or Inland Info	X	Property Or Inland Info	Property Or Inland Info	Property Or Inland Info
RIGHT EXPOSURE & DISTANCE	REAR EXPOSURE & DISTANCE	BURGLAR ALARM TYPE	BURGLAR ALARM INSTALLED AND SERVICED BY	PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> / Chemical Systems)	FIRE ALARM MANUFACTURER	EXTENT	GRADE	CENTRAL STATION
Property Or Inland Info Right Exposure	Property Or Inland Info Rear Exposure	Property Or Inland Info Burglar Alarm	Property Or Inland Info Burglar Alarm Install By	Property Or Inland Info Premises Fire Protection	Property Or Inland Info Fire Alarm Manufacturer	Property Or Inland Info	Property Or Inland Info	Property Or Inland Info

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	08/12/2024	Inland Marine	\$ 12,345.67
2		Inland Marine Description 2	Inland Marine Id 2	08/12/2024	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	General	1	General Liability Classification 1	General Liability Class Code	General Liability Premium Basis	General Liability Exposure 1	General Liability Terr	(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	General	2	General Liability Classification 2	General Liability Class Code	General Liability Premium Basis	General Liability Exposure 2	General Liability Terr	
General Liability	General	3	General Liability Classification 3	General Liability Class Code	General Liability Premium Basis	General Liability Exposure 3	General Liability Terr	

UMBRELLA		ClassCode	Premium-Basis	Terr	CHANGE	DELETE
LIMIT OF LIABILITY	Umbrella Limit	Umbrella Class Code	Umbrella Premium Basis	Umbrella Terr		
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	Robin W. Smith 123 Main St #234 San Francisco CA	Additional Interest Rank	X	94106	Additional Interest Item	
LOSS PAYEE	MORTGAGEE	OWNER	REGISTRANT			
Additional Interest Other Description	REFERENCE / LOAN #:	Additional Interest Loan Number				

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
	08/12/2024	National Producer Number