A	COF	<b>?</b> D <sub>™</sub>	C	OM	IME	RCI	ΑL	. P	OL	_IC	CYC	H	<b>/</b>	4N(	ЭE	RE	Q	UE	ES	T				DAT	E (MM/DD/	(YYY)		
PRODU	CER P	HONE A/C, No	Ext):									PRO	PEF	RTY			GE	NERAL	LIABI	LITY								
FAX (A/C, No):								-	POLICY INLAND MARINE AUTO/T						TO/TRU	JCKEF	RS			7								
								UMBRELLA WORKERS						SCOM	1P													
							С	OMPA	ANY										1	IAIC (	CODE:							
CODE: SUBCODE: AGENCY CUSTOMER ID											TION:																	
											NUMBER	<u> </u>								EFFEC.	ΓIVE D	E DATE OF CHANGE						
INSURED'S MAILING ADDRESS IF CHANGED (INC ZIP+4)										OLICY	/ INCEPTION	ON DA	TE	<u> </u>						POLICY	'EXPII	XPIRATION DATE						
													THIS IS AN ACKNOWLEDGEMENT OF YOUR REQUEST. UPON APPROVAL, THE COMPANY'S RECORDS WILL															
										BE ADJUSTED ACCORDINGLY, AND IF A PREMIUM ADJUSTMENT IS PREMIUM AUDIT OR BY ENDORSEMENT.													REQUIRED, IT WILL BE DONE AT					
DDEN	UCEC II	IFOR	MATIO	NI																			$\overline{}$					
PREMISES INFORMATION																		ΑC			HANG	iE		DELETE				
LOC#	OC# BLD# STREET, CITY, COUNTY, STATE, ZIP+4								IP+4			+	CITY LIMITS		INTEREST		δT	-+	YR BUILT			P	ART OC	CUPIED				
													_	INSIDE	OWNER													
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NATU	RE OF	F BUSINESS/DESCRIPTION OF OPERATIONS								Y PF	REMISE	:(S)						A	DD	(	HANG	E		DELE	E			
LOC#	BLD#	<b>#</b>																										
AUTO-VEHICLE DESCRIPTION/LIMITS POLICY LIMIT(S) CHANGED ADD															HANG	_		DELE										
VEH#	YEAR	MA	KE:						BOD TYP	E:									_	TYPE	1		YM/AG	E	COST N	EW		
MODEL: V.I.N.:																		PP		PEC	COM			\$				
CITY, STATE, ZIP WHERE STATE TERR GVI											GVW/G	CW			CLASS	5	SI	C	FAC	CTOR	SEAT	CP	RADI	US	FARTHES	TERM		
GARAGED											LUND	DINO					1				_	$\perp$		I ODE	NETVE			
DRIVE T WORK/S	CHOOL	US	E 1		COMM'L	CHECK	AGES		ADD'L FAULT	NO-	MOT		L	F		LSP	DE	DUCTIE	BLES	A(	cv_	_co	MP _	SPE C OF				
<	15 MILES		PLEASU	RE	RETAIL	LI/			MED P.		& LA	/ING BOR		FT		СОМЕ	`	AA		STAM	IT <u>\$</u>				TOTAL	PREM		
1	5 MILES +		FARM SERVICE NO-FAULT WNII							IINS SPEC OTOR C OF L				FT	TW COLL \$					\$			COLL \$					
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							V.I.N	J.N.:						SI	SPEC COML				\$									
CITY, ST	ATE,					s	LIC	TE	RR		GVW/G	CW			CLASS	3	SI	С	FAC	TOR	SEAT	CP	RADI	US	FARTHES'	TERM		
ZIP WHE																												
DRIVE T WORK/S	O SCHOOL	US	E		COMM'L	CHECK COVER	AGES		ADD'L FAULT	NO-	UND MOT	RINS		F		LSP	DE	DUCTIE	BLES	A	cv	со	МР	SPE C OF	L DR/CR:			
<b>~</b>	15 MILES		PLEASU	RE	RETAIL	LIA			MED P	AY		/ING BOR		FT		СОМЕ	,	AA		STAN	т \$				TOTAL	PREM		
1:	5 MILES +		FARM		SERVICE	NC FA	D- ULT		UNINS	R	SPE C OF	С		FT	w	COLL	\$	_	,	_	\$			со	_L \$			
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	ER INFO	ORMA	ATION (I	List d	rivers w	ho frec	quent			n ve	hicles)							AE			HANG			DELET				
DRIVER #		NAME	(Include a	ddress,	, if required	)	SEX	MAR STAT	DA	TE OF	BIRTH	YR	S P	YEAR LIC			ENSE NUMBER/ JRITY NUMBER			STATE			BRO NO-F	ADEN DO	C USE VEH#	use		
				_																								
DRIVER INFORMATION (List drivers who frequently use own vehicles)  DRIVER INFORMATION (List drivers who frequently use own vehicles)  DRIVER INFORMATION (List drivers who frequently use own vehicles)  DRIVER INFORMATION (List drivers who frequently use own vehicles)  DRIVER INFORMATION (List drivers who frequently use own vehicles)  DRIVER INFORMATION (List drivers who frequently use own vehicles)  DRIVER INFORMATION (List drivers who frequently use own vehicles)  DRIVER INFORMATION (List drivers who frequently use own vehicles)  DRIVER INFORMATION (List drivers who frequently use own vehicles)  DRIVER INFORMATION (List drivers who frequently use own vehicles)														E														
DRIVER MAR										ή γ				YEAR LIC	YEAR DRIVERS LICENS			NUMB	NUMBER/		D/	TE RE	BRO NO-F	ADEN DO		use		
										ATE OF BIRTH EXP LIC SOCIAL SECURITY NUMBER									LIC					1_1.7				
WOR	KERS	OMP	ENSAT	ION F	RATING	INFOR	MAT	ION				-														1		
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TYPE OF CHANGE STATE LOC CLASS CODE CODE									CATEGORIES, DUTIES, CLASSIFICATIONS												FULL	PART	R	ANNUAL EMUNERA				
																					IIVIE	TIME	'					
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	SUBJECT OF IN	UNT	COINS %	VALUATIO	N CA	AUSES OF LOSS		INFLATION DED		EDUCTIBLE	FORMS AND CO		ONDITIONS TO APPLY						
ADDITIO	ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION																		
CONST	DUCTION TYPE					DISTANCE TO	FIF	T DICT	DICT/CODE I	MUMBER	٠.	PROT CL	# CTODICS	# DACMITC	YR BUILT	TOTAL AREA			
HYDRANT FIRE STAT FILE STAT MI									RICT/CODE I			PROTCL	# STORIES	ES #BASM'TS YR BUILT TOTAL AREA					
BUILDII	IG IMPROVEME	NTS		G, YR:		DE IN	SPECTED?	ROOF TYPE	·   c	THER OCC	CUPANCIES								
v	IRING, YR:			HEATING,	YR:			YES NO	)										
	ROOFING, YR: OTHER: TAX CODE																		
RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE																			
BURGL	AR ALARM TYP	E			CE	RTIFICATE#			EXPIRATIO	ON DATE			EXTENT	GRADE	CENTRAL STATION				
														w	WITH KEYS				
BURGL	BURGLAR ALARM INSTALLED AND SERVICED BY												# GUARD	S/WATCHMEN	CL	OCK HOURLY			
PREMIS	PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CQ/Chemical Systems)									RM MANUI	FAC	TURER			ENTRAL STATION				
									<u> </u>				-	T	LC	LOCAL GONG			
	ND MARINE	- SCHED	ULED E	QUIPME	ENT	% COI	NSURANCE	:					ADD	CHANGE	DE	DELETE			
# MC	DDEL EAR [	ESCRIPTION	(TYPE, MA	NUFACTU	RER, MODE	L, CAPACITY, E	TC)		ID#/SE	RIAL#		PUR	DATE CHASED	NEW/USED		AMOUNT OF INSURANCE			
															\$				
															\$				
GENE	PALLIARI	I ITV - I IM	IITS											CHANGE					
GENERAL LIABILITY - LIMITS CHAN GENERAL AGGREGATE \$ DAMAGE TO RENTED REMISES												CHANGE	\$						
			IONS AGG	REGATE		\$			MEDICAL EXPENSE (Any one person) \$										
									EMPLOYEE BENEFITS \$										
PERSONAL & ADVERTISING INJURY \$ EMPI EACH OCCURRENCE \$										\$									
		LITY - SC	HEDULE	OF HA	ZARDS	*									Ψ				
GENERAL LIABILITY - SCHEDULE OF HAZARDS  TYPE OF CHANGE # CLASSIFICATION						CLAS: CODE	CLASS PREMIUM CODE BASIS				TER	R	PREMIUM BASIS CODES						
														(S) GROSS S	ALES - PEF	R \$1,000/SALES			
														(P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT					
														(C) TOTAL COST - PER \$1,000/COST					
														(M) ADMISSIC		,000/ADM			
														(U) UNIT - PEI (T) OTHER	RUNIT				
	)												T						
UMBRELLA CHANGE																			
LIMIT OF LIABILITY \$ OTHER  RETAINED LIMIT \$ (DESCRIBE)																			
	TIONAL IN												ADD	CHANGE DELETE					
INTERE		NK:	NAME AN	D ADDRES	S REFE	RENCE#:					CER	TIFICATE R				TEM NUMBER			
	NTEREST RANK: NAME AND ADDRESS REFERENCE #:  ADDITIONAL INSURED								OEK III IOATE REGUINE					PREMISES:		BUILDING:			
LOSS PAYEE														VEHICLE:		BOAT:			
N	IORTGAGEE (#)													SCHEDULED ITEM NUMBER:					
		GEE (#)												OTHER					
L	LIENHOLDER																		
E	EMPLOYEE AS LESSOR ITEM DESCRIPTION:																		
ADDITIONAL CHANGES/REMARKS																			
SIGN	ATURE (An	v deletion	or rodu	iction in	COVERSO	ie requires	the Incu	red's	sianstur	<u>م</u>									
		y ueletion	i oi real	iction in	coverag	je requires	เกษ เกรน												
INSURED'S SIGNATURE									PRODUCER'S SIGNATURE										

ACORD 175 (2001/08)