A	COF	₹	C	OM	IME	RCI	AL	. P	OL	IC	Y C	H	Α	N	ЭE	RE	Q	UE	ES	T				DA	ΓΕ (MM/I	D/YY	YY)	
PRODU	CER F	HONE A/C, No	Ext):									PROF	PER	RTY			GEI	NERAL	LIABI	LITY			T					
FAX (A/C, No):									POLICY INLAND MARINE AUTO/T						ΓΟ/TRU	JCKEF	RS			1								
<u> </u>									UMBRELLA WORKERS (SCOM	1P												
								COI	MPAI	NY										N	IAIC (CODE:						
CODE: SUBCODE:																												
A OF NOV OUR TOWER IN											ION:																	
,											NUMBER									EFFEC	ΓIVE D	E DATE OF CHANGE						
INSURED'S MAILING ADDRESS IF CHANGED (INC ZIP+4)										LICY	INCEPTIO	N DA	TE							POLICY	EXPI	XPIRATION DATE						
										THIS IS AN ACKNOWLEDGEMENT OF YOUR REQUEST. UPON APPROVA																		
										BE ADJUSTED ACCORDINGLY, AND IF A PREMIUM ADJUSTMENT IS PREMIUM AUDIT OR BY ENDORSEMENT.													REQUIRED, IT WILL BE DONE AT					
DDEM	II CECII	JEOB	MATIO	NI															<u> </u>				\top	DELE				
PREMISES INFORMATION															.			_ A[CHANGE				DELETE				
LOC#	C# BLD# STREET, CITY, COUNTY, STATE, ZIP+4								IP+4	4				CITY LIMITS		INTEREST) [+	YR BUILT			F	ART O	CUPIED			
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	TURE OF BUSINESS/DESCRIPTION OF OPERATIONS								NSBY	PR	EMISE	(S)						AE	DD	0	HANG	E		DELE	TE			
LOC#	BLD	#																										
AUTO-VEHICLE DESCRIPTION/LIMITS POLICY LIMIT(S) CHANGED VEH # VFAR																ΑE			HANG			DELE						
VEH#	YEAF	MA	KE:						TYPE:										_	TYPE	1		YM/AG	E	cos	NEW	,	
		МО	DEL:						V.I.N.:								\Box	PP		PEC	COM			\$				
CITY, ST	ATE,					s	TATE	TE	RR		GVW/G	CW			CLASS	•	SIC	•	FAC	CTOR	SEAT	CP	RAD	IUS	FARTH	EST 1	TERM	
ZIP WHERE GARAGED										_												\perp			-			
DRIVE T WORK/S	CHOOL	US	Ξ,		COMM'L	COVER	AGES		ADD'L NO FAULT	0-	UND MOT	OR		F		LSP	DEI	DUCTIE	BLES	AC	cv	_co	MP _	SPE C O	C NET	VEH CR:		
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19	MILES +		FARM SERVICE NO-FAULT MO						UNINS MOTOR	IINS SPEC OTOR C OF L				FT\	TW COLL \$						\$	\$ COLL \$						
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AUTO	-VEHIC	LE D	ESCRI	PTION	V/LIMITS	3		POLI	CY LIMIT	LIMIT(S) CHANGED ADD								OD	CHANGE				DELETE					
VEH#	YEAR	МА	KE:						BODY TYPE:	ODY YPE: VEH							HICLE	CLE TYPE SYM/A				E	cos	NEW	1			
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CITY, ST	ATE,					s	LIC TATE	TE	RR		GVW/G	cw			CLASS	;	SIC	;	FAC	TOR	SEAT	СР	RAD	IUS	FARTH	EST 1	TERM	
ZIP WHE GARAG																												
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19	MILES +		FARM		SERVICE	NC FA)- ULT		UNINS MOTOR		SPEC C OF)		FT\	,	COLL	\$	J		_	\$			CC	LL \$			
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	ER INFO	DRM.	TION (rivers w	ho fred	uent		se own	vel	hicles)							AE	DD D		HANG	Ε	\top	DELE	TE			
DRIVER INFORMATION (List drivers who frequently use own DRIVER NAME (Include address, if required) NAME (SEX STATE DATE									OATE OF BIRTH EXP LIC SOCIAL SECURITY NUMBER						NUMBI	ER/	/ STATE DATE			BRC	ADEN DO		SE	use				
#							JSEX	DIAI	DATE	_	⊌IN I Π	CAF		LIC	JUUIF	. <u>. J</u>	ersti i	.voivid	-11	LIC	пі	ΝE	140-1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 17	JJE	
DRIV	R INF)RM/	TION (ist d	rivers w	ho free	LIENT	lv 11	SE OWn	ו אם	hicles\							AE	חר	T 7	HANC	F	╁	DELE	TF			
DRIVER INFORMATION (List drivers who frequently use o										<u></u>						RS LICENSE NU		NUMBI	ER/	STATE	D/	DATE		ADEN FAULT DO	C US	E_	% USE	
#		IVAIVIE	,monuae a	uui 655,	, requirea	,	SEX	STAT	DATE	<u>- OF I</u>	BIKTH	EXF	-	LIC	SUCIA	AL SECU	JKITY	NUMB	EK	LIC	HI	RE	NO-I	AULT	VE VE	1#	USE	
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WORI	VEK9 (-CIVIP	LINOAI	ION		INFOR	WIA I	ON													J	# (OF		ESTIM	ATED		
TYPE OF CHANGE STATE LOC CLASS CODE CODE										CATEGORIES, DUTIES, CLASSIFICATIONS											FULL	PART	7	ANNI	JAL			
																						TIME	TIME	<u> </u>	LIVIUNE	KATIC	JIN .	
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												E DELETE								
SUBJECT OF INSURANCE AMOUNT						COINS % VALUATION			AUSES OF LO	oss II	INFLATION DED		EDUCTIBLE	FORMS AND C		DITIONS 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	VD DIJII T	TOTAL AREA				
HYDRANT FIRE STAT INC. 510									RICT/CODE I			PROTCL	# STORIES	#BASM'TS YR BUILT TOTAL AREA						
BUILDII	IG IMPROVEME	G, YR:		DE IN	SPECTED?	ROOF TYPE	· c	THER OCC	CUPANCIES											
v	IRING, YR:						YES NO)												
	OOFING, YR:	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	THKEYS				
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			CE	ENTRAL STATION				
<u> </u>									<u> </u>				-	T	LC	LOCAL GONG				
	ND MARINE	- SCHED	ULED E	QUIPME	ENT	% COI	NSURANCE	:					ADD	CHANGE	DE	DELETE				
# MC	MODEL YEAR DESCRIPTION (TYPE, MANUFACTURER, M					L, CAPACITY, E	TC)		ID#/SE	RIAL#		PUR	DATE CHASED	NEW/USED		AMOUNT OF INSURANCE				
														\$						
															\$					
GENERAL LIABILITY - LIMITS GENERAL AGGREGATE \$ DAM											DAMAGE TO RENTED REMISES \$									
			IONS AGG	REGATE		\$			MEDICAL EXPENSE (Any one person) \$											
									EMPLOYEE BENEFITS \$											
	GENERAL LIABILITY - SCHEDULE OF HAZARDS																			
TYPE OF LOCATION CLASSIFICATION CODE # CLASSIFICATION CODE						S	PREMIUM BASIS TERR					PREMIUM BASIS CODES								
														(S) GROSS S	ALES - PEF	R \$1,000/SALES				
														(P) PAYROLL						
														(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										
	RELLA	•												CHANGE						
<u> </u>	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				
	ADDITIONAL INSURED													PREMISES:		BUILDING:				
LOSS PAYEE														VEHICLE:		BOAT:				
N	MORTGAGEE (#)													SCHEDULED	TEM NUM	BER:				
		GEE (#)												OTHER						
L	LIENHOLDER																			
E	EMPLOYEE AS LESSOR ITEM DESCRIPTION:																			
ADDITIONAL CHANGES/REMARKS																				
SIGN	ATIIDE /A=	v deletion	or rodu	iction in	COVERSO	ie requires	the Incu	red's	sianstur	<u>م</u>										
SIGNATURE (Any deletion or reduction in coverage requires the Insured's																				
INSURED'S SIGNATURE									PRODUCER'S SIGNATURE											

ACORD 175 (2001/08)