

Policy Change Request

Please complete as much information as possible. Fax this form and any supporting documents to 630-587-9826 as soon as possible. An account specialist will call you if additional information is needed. **Remember, no coverage is bound until confirmed by a representative from the insurance agency.**

Insured's Name: _____

Company: _____

Insured's Mailing Address (if changed): _____

Requested Effective Date of Change: _____

PART I: PROPERTY / INLAND MARINE COVERAGE

PART II: WORKERS COMPENSATION RATING INFORMATION

PART III: BUSINESS VEHICLE DESCRIPTION

PART I

PROPERTY / INLAND MARINE COVERAGE

1. Type of Change* _____ Subject of Insurance _____
 Coverage Amount _____ Deductible _____ Additional Comments _____

2. Type of Change* _____ Subject of Insurance _____
 Coverage Amount _____ Deductible _____ Additional Comments _____

*Type of Change: A=add, C=change, D=delete

INLAND MARINE SCHEDULED EQUIPMENT:

1. Type of Change* _____ Model Year _____ Description: Type, Manufacturer, Model, Capacity, etc. _____

ID/Serial Number _____ New/Used _____ Amount of Insurance _____

2. Type of Change* _____ Model Year _____ Description: Type, Manufacturer, Model, Capacity, etc. _____

ID/Serial Number _____ New/Used _____ Amount of Insurance _____

*Type of Change: A=add, C=change, D=delete

PART II

WORKERS COMPENSATION RATING INFORMATION

1. Type of Change* _____ Class Code (if known) _____

Categories, Duties, Class _____

No# of Employees: Full _____ Part _____ Estimated Annual Payroll _____

2. Type of Change* _____ Class Code (if known) _____

Categories, Duties, Class _____

No# of Employees: Full _____ Part _____ Estimated Annual Payroll _____

PART III

BUSINESS VEHICLE DESCRIPTION

Vehicle #1

Type of Change* _____ Year _____ Make _____ Model _____

Body Type (van, pickup, etc.) _____ Vehicle ID Number (VIN) _____

New/Used _____ City, State, ZIP Where Garaged _____

_____ Gross Vehicle Weight _____

Physical Damage Deductible _____ Lienholder or Leaseholder _____

Vehicle #2

Type of Change* _____ Year _____ Make _____ Model _____

Body Type (van, pickup, etc.) _____ Vehicle ID Number (VIN) _____

New/Used _____ City, State, ZIP Where Garaged _____

_____ Gross Vehicle Weight _____

Physical Damage Deductible _____ Lienholder or Leaseholder _____

BUSINESS VEHICLE DESCRIPTION CONTINUED

Vehicle #3

Type of Change* _____ Year _____ Make _____ Model _____

Body Type (van, pickup, etc.) _____ Vehicle ID Number (VIN) _____

New/Used _____ City, State, ZIP Where Garaged _____

_____ Gross Vehicle Weight _____

Physical Damage Deductible _____ Lienholder or Leaseholder _____

*Type of Change: A=add, C=change, D=delete

DRIVER INFORMATION

Driver #1

Type of Change* _____ Full Name _____ Sex _____

Marital Status _____ Date of Birth _____ Driver's License Number _____

Social Security Number _____ State Licensed _____

Driver #2

Type of Change* _____ Full Name _____ Sex _____

Marital Status _____ Date of Birth _____ Driver's License Number _____

Social Security Number _____ State Licensed _____

Driver #3

Type of Change* _____ Full Name _____ Sex _____

Marital Status _____ Date of Birth _____ Driver's License Number _____

Social Security Number _____ State Licensed _____

*Type of Change: A=add, C=change, D=delete

ADDITIONAL COMMENTS:
