



# COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY PHONE (A/C, No, Ext): 310-265-9600 FAX (A/C, No): 310-265-9700 PROWORKS INSURANCE SERVICES INC LICENSE #0D63158 727 SILVER SPUR ROAD SUITE #200 ROLLING HILLS ESTATES, CA 90274	POLICY TYPE	PROPERTY	GENERAL LIABILITY	MOTOR CARRIERS
		INLAND MARINE	AUTO	BUSINESS OWNERS
		UMBRELLA	TRUCKERS	WORKERS COMP
COMPANY				NAIC CODE:
E-MAIL ADDRESS:				
CODE:	SUBCODE:	ATTENTION:		
AGENCY CUSTOMER ID:	POLICY NUMBER		EFFECTIVE DATE OF CHANGE	
INSURED'S NAME	POLICY INCEPTION DATE		POLICY EXPIRATION DATE	
INSURED'S MAILING ADDRESS IF CHANGED (INC ZIP+4)				
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.				

PREMISES INFORMATION					ADD	CHANGE	DELETE
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4		CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
				INSIDE	OWNER		
				OUTSIDE	TENANT		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)					ADD	CHANGE	DELETE
LOC #	BLD #						

AUTO-VEHICLE DESCRIPTION/LIMITS		POLICY LIMIT(S) CHANGED					ADD	CHANGE	DELETE			
VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE		SYM/AGE	COST NEW					
		MODEL:	V.I.N.:	PP	SPEC	COML	\$					
CITY, STATE, ZIP WHERE GARAGED		LIC STATE	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM		
DRIVE TO WORK/SCHOOL	USE	COMM'L	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV	COMP	SPEC C OF L
< 15 MILES	PLEASURE	RETAIL	LIAB	MED PAY		FT	COMP		AA	ST AMT	\$	
15 MILES +	FARM	SERVICE	NO-FAULT	UNINS MOTOR		FTW	COLL		\$	\$	\$	COLL
NET VEH DR/CR:										TOTAL PREM	\$	
LIABILITY		NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		
\$		\$		\$		\$		\$		\$		

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\$		\$		\$		\$		\$		\$		

DRIVER INFORMATION (List drivers who frequently use own vehicles)										ADD	CHANGE	DELETE	
DRIVER #	NAME (Include address, if required)	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

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WORKERS COMPENSATION RATING INFORMATION					# OF EMPLOYEES FULL TIME	ESTIMATED ANNUAL REMUNERATION
TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	