



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

AGENCY TMK RISK MANAGEMENT INC DBA KALLMAN INSURANCE PO BOX 266736 WESTON, FL 33326	CARRIER		NAIC CODE
	ATTENTION		
POLICY NUMBER			
ACCOUNT NUMBER			
EFFECTIVE DATE OF CHANGE		POLICY INCEPTION DATE	POLICY EXPIRATION DATE
CONTACT NAME:	PHONE (A/C, No, Ext): 954-389-5897		
FAX (A/C, No): 954-389-6661			
E-MAIL ADDRESS:			
CODE:	SUBCODE:		
AGENCY CUSTOMER ID:	POLICY TYPE	<input type="checkbox"/> PROPERTY <input type="checkbox"/> INLAND MARINE <input type="checkbox"/> UMBRELLA <input type="checkbox"/> GENERAL LIABILITY	<input type="checkbox"/> AUTO <input type="checkbox"/> TRUCKERS <input type="checkbox"/> MOTOR CARRIERS <input type="checkbox"/> BUSINESS OWNERS
NAMED INSURED	WORKERS COMP		
INSURED'S NAME AND 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.			

SHORT DESCRIPTION OF CHANGES / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PREMISES INFORMATION			ADD	CHANGE	DELETE	
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> 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	COMP / OTC SYM	COLL SYM								
		MODEL:	V.I.N.:	<input type="checkbox"/> PP	<input type="checkbox"/> SPEC	<input type="checkbox"/> COML											
GARAGING ADDRESS	STREET (Required in KY)		CITY	COUNTY			STATE	ZIP									
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	COST NEW								
									\$								
USE	<input type="checkbox"/> PLEASURE	<input type="checkbox"/> COMM'L	<input type="checkbox"/> FOR HIRE	<input type="checkbox"/> CHECK COVERAGES	<input type="checkbox"/> ADD'L NO-FAULT	<input type="checkbox"/> UNDRINS MOTOR TOWING & LABOR SPEC C OF L	<input type="checkbox"/> F FT	<input type="checkbox"/> LSP COMP/OTC	<input type="checkbox"/> RENT REIMB FG	<input type="checkbox"/> DEDUCTIBLES	<input type="checkbox"/> ACV	<input type="checkbox"/> COMP/OTC	<input type="checkbox"/> SPEC C OF L				
	<input type="checkbox"/> FARM	<input type="checkbox"/> RETAIL	<input type="checkbox"/> SERVICE	<input type="checkbox"/> LIAB NO-FAULT	<input type="checkbox"/> MED PAY UNINS MOTOR	<input type="checkbox"/> FTW	<input type="checkbox"/> COLL			<input type="checkbox"/> AA	<input type="checkbox"/> ST AMT	\$	\$				
DRIVE TO WORK / SCHOOL	<input type="checkbox"/> < 15 MILES	<input type="checkbox"/> 15 MILES +	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

WORKERS COMPENSATION RATING INFORMATION

TYPE OF CHANGE	STATE	LOC	CLASS CODE	DESCR CODE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EMPLOYEES		ESTIMATED ANNUAL REMUNERATION
						FULL TIME	PART TIME	

PROPERTY / INLAND MARINE - PREMISES INFORMATION

SUBJECT OF INSURANCE					AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CONSTRUCTION TYPE

CONSTRUCTION TYPE	DISTANCE TO HYDRANT FT	FIRE STAT MI	FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
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BUILDING IMPROVEMENTS	PLUMBING, YR:	BLDG CODE GRADE	INSPECTED? Y/N	ROOF TYPE	OTHER OCCUPANCIES
WIRING, YR:	HEATING, YR:	TAX CODE			
ROOFING, YR:	OTHER:				

RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE REAR EXPOSURE & DISTANCE

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS
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BURGLAR ALARM INSTALLED AND SERVICED BY	# GUARDS/WATCHMEN	CLOCK HOURLY
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PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ / Chemical Systems)	FIRE ALARM MANUFACTURER	CENTRAL STATION	LOCAL GONG
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INLAND MARINE - SCHEDULED EQUIPMENT

#	MODEL YEAR	DESCRIPTION (TYPE, MANUFACTURER, MODEL, CAPACITY, ETC)	ID #/SERIAL #	DATE PURCHASED	NEW/USED	AMOUNT OF INSURANCE
						\$
						\$

GENERAL LIABILITY - LIMITS

GENERAL AGGREGATE	\$	DAMAGE TO RENTED PREMISES	\$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	MEDICAL EXPENSE (Any one person)	\$
PERSONAL & ADVERTISING INJURY	\$	EMPLOYEE BENEFITS	\$
EACH OCCURRENCE	\$		\$

GENERAL LIABILITY - SCHEDULE OF HAZARDS

TYPE OF CHANGE	LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	PREMIUM BASIS CODES
								(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

UMBRELLA

LIMIT OF LIABILITY	\$	OTHER (DESCRIBE)
RETAINED LIMIT	\$	

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT				LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: ITEM CLASS: ITEM: ITEM DESCRIPTION
	REFERENCE / LOAN #:				

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)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER