ĄC	$\hat{\boldsymbol{c}}$	PRE	S ®			CC	ММЕ	ER	CIA	L P	ЭL	.IC\	/ C	НΑ	NG	SE R	E	QUI	ES	Γ				DATE	(MM/DD/Y	YYY)
AGENC	Y												CAI	RRIE	R										NAIC	CODE
													ATTI	ENTIO	N											
									POL	POLICY NUMBER																
CONTACT NAME: PHONE									1	ACCOUNT NUMBER																
(A/C, No):											ACC	OUNT	NUME	BER										
(A/Ĉ, No E-MAIL):													CCTIV!	- DAT	E 0E 011	NOT	.	OL ICY I	NCEDI	TON D	ATE	D.C.	N ICV EV	DIDATION	DATE
ADDRES	SS:												- =	ECTIV	EDAI	E OF CHA	ANGE	: P	JLICY I	INCEPT	ION D	AIE	PC	LICY EX	PIRATION	DATE
CODE: SUBCODE:								ļ)))													
AGENCY CUSTOMER ID:								POLI TYPI		PROPERT			_	_	AUTO				WORKERS COMF							
NAMED	INSU	RED												INLAND MARINE TRUCKERS UMBRELLA MOTOR CARRIERS												
INSURE	D'S N	IAME A	ND MA	AILING AE	DDRESS,	IF CHAN	GED (INC ZI	P+4)					<u> </u>	GENERAL LIABILITY BUSINESS OWNERS THIS IS AN ACKNOWLEDGEMENT OF YOUR REQUEST. UPON A												
													REC	ORDS	WILL		JUS	TED A	CCOR	DINGLY	, ANI	D IF A	A PRE	MIUM A	ADJUSTME	
SHOR	T D	ESCI	RIPT	ION O	F CHAI	NGES.	/ REMAF	RKS	(AC	ORD 10	1, A	dditi	onal l	Rem	arks	Sched	ule,	may	be at	ttach	ed if	more	spa	ce is r	equired	d)
PREM	IISE	S INF	ORI	MATIO	N													ADD			CHAN	GE		DELETE		
LOC#	1	BLD#			STR	EET, CIT	Y, COUNTY	, STA	TE, ZIP	⊦ 4			CITY	LIMIT	s	IN	TERE	ST	,	YR BUII	LT		PA	RT OCC	UPIED	
														NSIDE		OWN										
ΝΔΤΙΙ	RF	OF B	USI	VESS /	DESCI	RIPTIC	ON OF O	PFR	ΔΤΙΩ	NS RY	PRF	-MISI		30101	<u> </u>	1210		ADD			CHAN	GF		DELETE	:	
LOC#		BLD#	<u> </u>	12007	DEGG	<u> </u>	<u> </u>		<u> </u>	110 151	1 111		_(U)					ADD			CHAIN	<u> </u>		DELETE		
LOC#	'	JLD#																								
ΔΙΙΤΟ	-VF	HICI	F DE	SCRIE	PTION	/ I IMIT	rs		POLIC)	LIMIT(S)	CHAN	NGED						ADD			CHAN	GE		DELETE	:	
VEH#		EAR	MAK		110117					BODY TYPE:	<u> </u>						Т	ADD	VEHIC	LE TY			'		COMP / OTC SYM	COLL
			MOD							V.I.N.:								PP		SPEC		COML			OICSTM	STIVI
GARAG ADDRES		STREE		quired in	KY)			CI	CITY					COUNT			ΓY				STATE	ZIP				
LIC STATE		TERR	l		GVW / GC	CW	CL	ASS	SS SIC FACTO			TOR	OR SEAT CP RADIUS			FARTHEST TERMINAL			AL	COST NEW						
USE			С	OMM'L	FOF	RHIRE	CHECK	- 6	ADI FAL	D'L NO-	T	JNDRIN MOTOR	NS	F	Τ'	LSP		REN		DEDU	JCTIBI	LES	AC	cv	COMP/ OTC	SPEC C OF L
PL	EASL	JRE	RI	ETAIL			LIAB			D PAY	1	TOWING	G	FT		COMF	·/	FG	VID		AA		ST AM		010	C OI L
FA	RM		SI	ERVICE L			NO- FAUL	.		NS TOR		& LABO SPEC C OF L		FT\	и <u>Г</u>	COLL				\$		`		\$		COLL
DRIVE T	O	001	٦,	< 15 MILE	s	15 MILES	NET	VEH	IVIO	IOK		JOFL				_				_	L PRE	-M- ¢				0022
WORK/		IABILIT	· ·			NO FA		·K.		ADD'L NO	FΔIII	т		MED	ICAL F	PAYMENT	s		IININSI	JRED N			UN	DERINSI	JRED MOT	ORISTS
\$			•		\$	11017		_	* \$	100 2 110			\$	- III L	IOALI	A I III E I I	_	\$	01111101	JILLD II			\$	DEMINO	JILLD IIIO	O.M.O.TO
	_\/E	ורו	E DE	SCDIE	PTION /	/ I IN/IIT	-6		-	LIMIT(S)	CHAN	NGED	ΙΨ					ADD			CHAN	CE.	т т	DELETE		
VEH#		EAR	MAK		110147	LIIVIII	3		· OLIO	BODY	OHA	TOLD					T	ADD	VEHIC	LE TY		GL	'		COMP / OTC SYM	COLL
			MOD							TYPE: V.I.N.:								PP		SPEC		COML			OICSYM	SYM
GARAG ADDRES		STREE		quired in	KY)			CI	CITY					COUNT								STATE	ZIP			
LIC STATE		TERR	R GVW/GCW CLASS					SIC FACTO			TOR	OR SEAT CP RADIUS			S FARTH			HEST TERMINAL				\$	COST NEW	V		
USE			C	OMM'L	FOR	RHIRE	CHECK COVERAGE		ADI	D'L NO-	ļ	JNDRIN MOTOR	NS	F	\top	LSP	+	REN	IT_	DEDL	JCTIBI	LES	AC		COMP/	SPEC C OF L
_	EASL	_{JRE} \vdash	_	ETAIL	-		LIAB	-s		JLT D PAY		MOTOR FOWING & LABO	<u> </u>	- FT		COMF	_/ -	REII FG	ИΒ	\vdash		$\overline{}$			OTC _	C OF L
FA		- H	_	ERVICE		-	NO-	_ -	_	NS TOR	-	& LABO SPEC C OF L	K	⊢ FT\	$_{\scriptscriptstyle{N}}\vdash$	COLL	\vdash	\dashv		\$	AA	\$	ST AM	Г <u>\$</u> \$		COLL
DRIVE T	0		_	< 15 MILE	s	15 MILES	FAULT NET	VEH	MO	TOR		C OF L		1		10022								Ф		COLL
WORK /				- 10 WILL	<u>- 1 </u>		DR/C	R:		ייחחיי ייכ	EATT	-		1455	ICA: -	DAVMEN			I INVINIO		L PRE			DEDING	IDED ***	OBISTO
•	L	IABILIT	T		s	NO FA	ULI	+		ADD'L NO	FAUL	.1	-	MED	ICAL F	PAYMENT	5		UNINS	JRED N	ıU I OR	เเอเร		DEKINSI	JRED MOT	OKISTS
\$ DDIVE	- P	NEO) N/I A	TION /	•	vore :	vho from	_	\$ Hv.ue	0 0240 .	nh:	cles,	\$					\$ ADD			CUAN	CE.	\$	DELETE		
DRIVER	<u>-r. l</u>	INFU		N/	AME		vho frequ		* MAR				YRS	YEAR	DRI	VERS LIC	ENS	ADD E NUME	BER/	STATE		ATE	BROA	DELETE	USE	% USE
#			CITY	r, STATE	AND ZIP	CODE		SEX	STAT	DATE C)F BIF	KTH	EXP	LIC	SO	CIAL SEC	URIT	Y NUM	BER	LIC	Н	IIRE	NO-FA	ULT DOC	VEH #	USE
									* MAP	TAL STAT	rus /	CIVIL	INION (if annli	cable)											

WOR	KERS (СОМР	ENSATION F	RATING II	NFORM	IATIC	ON			AGENC	Y CUS	STON	/IER I	D:									
TYPE O	STATE	LOC	CLASS CODE	CODE CODE CATEGORIES, DUTIES, CLASSIFICATIONS FULL										EMPL FULL	OF OYEES PART	l	ESTIMATED ANNUAL REMUNERATION						
																	TIME	TIME					
																	_				1		
PROPERTY / INLAND MARINE - PREMISES IN SUBJECT OF INSURANCE AMOUNT													LATION			DD EC	DPMS		CHANGE DELETE AND CONDITIONS TO APPLY				
	3003201	OF INS	OKANOL	An	100141	COINS 76 VALUATION				CAUSES OF LUSS GU			DEDUCTIBLE				/KIVIC	AND	JONDI	nons ro	AFFLI		
ADDITI	ONAL COV	/ERAGE	S, OPTIONS, RES	STRICTIONS,	ENDORSI	EMENT	S AND RATIN	IG INFORM	ATION	(Attach ACC	ORD 101	, Addit	tional R	Remarks S	chedul	le, if more	spac	e is req	quired)			
001107	DUCTION	TVDE				DISTANCE TO FIRE DIS								PROT CL # STORIES			T			DINIT TOTAL AS			
CONST	RUCTION	IYPE				HYDRANT FIRE STAT			E DIST	DISTRICT / CODE NUMBER				L #SIC	DRIES	# BASM'	15	YR BUI	ILI	TOTAL A	REA		
BUII DII	IG IMPRO	VEMEN.	rs	PLLIMBI	NG YR:	FT MI BLDG CODE			E	INSPECTED? ROOF			THER	OCCUPA	NCIES								
BUILDING IMPROVEMENTS PLUMBING, YR: WIRING, YR: HEATING, YR: HEATING, YR: WIRING, YR: PLUMBING, YR: GRADE TYPE OTHER OCCUPANCIES																							
R	OOFING,	/R:		OTHER:			TAX CODE																
RIGHT EXPOSURE & DISTANCE LEFT EXPOSURE & DISTANCE REA										REAR	REAR EXPOSURE & DISTANCE												
BURGL	AR ALARI	/I TYPE				CERTIFICATE #				EXPIRATION DATE					(TENT	NT GRADE				TRAL STA	TION		
																		WITH	TION				
BURGLAR ALARM INSTALLED AND SERVICED BY # GUARDS/WATCHME											MEN			CK HOUR	LY								
DDEMIS	ES FIRE E	POTEC	TION (Sprinklers,	Standnings	CO / Che	mical 9	Svetame)			FIRE ALAF	RM MAN	IUFAC:	TURFR	<u> </u>				_	0511	TD 41 OT 4	TION		
T IXEMIX	LOTIKET	KOILO	TION (Optilikiers,	Otanapipes,	27 0116	micar	oyatema,							-					ĺ	TRAL ST <i>A</i> AL GONG	TION		
		RINE -	SCHEDULE	D EQUIP	MENT		% COII	NSURANCE	:					DD		CHANG	E .						
# MODEL YEAR DESCRIPTION (TYPE, MANUFACTURER, MODEL,						CAPACITY, E		ID #/SERIAL #			DATE PURCHASED		ED	NEW/USED			AMOUNT OF INSURANCE		OF ICE				
																		\$					
															+		—						
																		\$					
GENE	RAL L	IABIL	TY - LIMITS												1	CHANG							
	AL AGGRI					\$				DAMAGE TO	RENTE	D PRE	MISES					\$					
PRODU	CTS & CO	MPLETE	D OPERATIONS	AGGREGATE	=	\$				MEDICAL EX	PENSE	(Any o	ne per	son)				\$					
			NG INJURY			\$				EMPLOYEE E	BENEFIT	rs						\$					
	CCURRE		TY - SCHED	E OE I	J A 7 A D	ne ne											_	\$					
TYPE O		HAZ					0.100	PREMIL	IM.								PEM	IUM BA	SIS C	ODES			
CHANG		#	CLAS	SSIFICATION			CLASS CODE	BASIS		EXF	POSURE	I	TERR			(S) GROS					EQ		
																(P) PAYR (A) AREA	OLL -	- PER \$	1,000/	PAY	LO		
																(C) TOTA (M) ADMIS	L CO	ST - PE	R \$1,0	000/COST			
						+										(U) UNIT - (T) OTHE	- PER		.10 1,00	O/ADIVI			
																(1) OTTIL							
	RELLA															CHANG	E						
	F LIABILIT	ΓY \$ \$			OTHER (DESC																		
	TIONAL				1,								Α	DD		CHANG			DELI	FTF			
INTEREST NAME AND ADDRESS RANK: EVIDENCE								CE:	CERTIF	ICATE					0		EREST		M NUMB	ER			
ADDITIONAL INSURED MORTGAGEE															LOCATION:				BUILDING:				
	IPLOYEE LESSOR		OWNER													VEHICLE	≣:		E	BOAT:			
	ENHOLDE		REGISTRANT													AIRPOR'	T:						
\vdash	SS PAYEI	Ξ.														ITEM CL			r	TEM:			
. I																							

SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)

REFERENCE / LOAN #:

SIGNATORE (Any deterior of 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									