

COMMERCIAL LINES CHANGE REQUEST Commercial Package (Ultra-Series Programs) Comm. In. Marine W.C. Plate Glass Gen. Liab. (5 Star, CGL)
 Comm. Fire Bond Comm. Crime Other

CHANGE EFFECTIVE **POLICY NO.** **AGENT'S NO.** **AGENT'S NAME**
MO DAY YR _____ - _____ - _____ _____ _____

BUSINESS NAME _____ **Mo/Day/Yr** **Policy Period** **Mo/Day/Yr**
_____ _____ _____ **TO** _____

NAMED INSURED Last Name _____ First _____ Middle Initial _____
If Name Change, Indicate if Divorced or Deceased: Divorced Deceased

OTHER INTERESTS Add Eliminate Amend Mortgagee Loss Payee Add'l Ins'd (Form# _____) Third Party Designee Landlord Lessee
RE: Loc: _____ Bldg. _____ Item# _____ Coverage _____ Loan No. _____
Name _____ Is Mortgagee to pay premium? Yes No
Address _____
City _____ State _____ Zip _____

ADDRESS* CHANGE Mailing Change Only Location Change Only Mailing & Location Change Additional Location

NEW* MAILING ADDRESS Street _____ City _____ County _____ State _____ Zip _____ Responding Fire Department _____ City/Co. Code _____ (Fire District) Tax Code _____

NEW OR ADDITIONAL LOCATION Street _____ City/Twp. _____ County _____ Phone Number _____ State _____ Zip _____ Responding Fire Department _____ City/Co. Code _____ (Fire District) Tax Code _____

IF NEW OR ADDITIONAL LOCATION, PLEASE COMPLETE THE FOLLOWING:

1 PREMISES **BLDG:** Replacement Cost _____ Market Value _____ Year of Constr. _____ Total Sq. Ft. Area _____

2 BLDG. CONSTR. Construction Type: Frame Masonry Veneer Joisted Masonry Non-Combustible Masonry Non-Combustible Modified Fire Resistive Fire Resistive

3 AGE OF Heating _____ Electrical _____ Plumbing _____ Roofing _____ TYPE OF ROOFING _____

4 PROTECTION Located Inside City Limits? _____ If Outside City Limits, Twp. Name _____ Fire Hydrant Distance _____ Mi. Fire Department Distance _____ Mi. Protection Class _____

5 OCCUPANTS Any Apartments? Yes No Commercial Cooking? Yes No Sprinkler System? Yes No Alarm System? Yes No Central B Fire
Insured's Occupancy/Operations _____ Sq. Ft. Area _____
Other Occupancies/Operations _____ Sq. Ft. Area _____
Does Insured: Own Bldg. Rent Portion of Bldg. Rent Entire Bldg. Rent to Others

6 RECEIPTS/PAYROLL Projected Annual Gross Sales/Receipts \$ _____ Projected Annual Payroll \$ _____

CANCEL COMPLETE Because—See reasons and codes for cancellation on other side and enter code here _____ Requested By _____

FOR ECAS ENDORSEMENTS, CHOOSE ONE OF THE FOLLOWING: LIMITED FULL POLICY If neither box is checked, full policy will be sent.

*If more than one location change or location edition, please use additional change form.
GIVE ANY NECESSARY DETAILED INSTRUCTIONS HERE:
(ANY INCOMPLETE/MISSING INFORMATION MAY RESULT IN A DELAY.)

Insured's Contact Person's Phone Number () _____



Signature of Named Insured (If Agency requires) _____ Name of Person Completing this Form (If not Agency, Identify Yourself.) _____ Title: _____
Date Received _____ Date to H.O. _____ If more than 24 hrs. has elapsed explain why above. _____ Rec'd From A Agent _____ Phone Letter Office _____ **IMPORTANT—If this request affects any other ERIE policy, please submit separate change request for that policy.** _____ H.O. Use-Approved By _____

COMPLETE CANCELLATION CODES

(Enter Code in "COMPLETE CANCELLATION" Section on Other Side.)

CODE	REASON FOR CANCELLATION	CODE	REASON FOR CANCELLATION
PAD	... Named Insured Deceased	PCH	..... Cost too high
	Named Insured's Request Because:	PDC	..... Duplicate coverage
PSP	..... Sold	PBC	..... Other company—better coverage
_IR	..... Purchased other insurance	PPS	..... Lack of proper service
PCV	..... Coverage rewritten (if available, give ERIE rewritten Policy # in DETAILED INSTRUCTIONS area on other side.)	_NE	..... No employees (WC only)
PEX	..... Coverage rewritten (Company policy rewritten in Exchange)	POF	..... Financial difficulty or out of work
PME	..... Moved to another state	PUB	..... Billing plan unacceptable
PMD	..... Moved to another part of state	_IF	..... Reason unspecified or insured dissatisfied
PNB	..... No longer in business	_IO	..... Other (show reason in DETAILED INSTRUCTIONS area on other side.)

CANCELLATION CODES—SURETY BONDS

(Enter Code in "COMPLETE CANCELLATION" Section on Other Side.)

CODE	REASON FOR CANCELLATION	CODE	REASON FOR CANCELLATION
	Request of Principal Because:	PBR	..... Bond released
PBB	..... Business discontinued	PBS	..... Out of state
PBD	..... Principal's request	PBV	..... Duplicate coverage
BE	..... Bond placed elsewhere	PBW	..... Bond rewritten
PBO	..... *See below		
	*This reason code is used when you have a reason other than those listed.		