

**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.)**

<b>CODE</b>	<b>REASON FOR CANCELLATION</b>	<b>CODE</b>	<b>REASON FOR CANCELLATION</b>
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.)**

<b>CODE</b>	<b>REASON FOR CANCELLATION</b>	<b>CODE</b>	<b>REASON FOR CANCELLATION</b>
	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.		