AVIATION POLICY CHANGE REQUEST

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER NAME	NAIC CODE
	UNDERWRITER OFFICE	COMPANY PRODUCT
	POLICY NUMBER	ACCOUNT NUMBER

CONTACT NAME:	EFFECTIVE DATE	EXPIRATION DATE	EFFECTIVE DATE OF CHANGE	EFFECTIVE TIME OF CHANGE	AM / PM
PHONE (A/C, No, Ext):					
FAX (A/C, No):	FIRST NAMED INSURED (On Current Policy)				
E-MAIL ADDRESS:					
CODE: / SUB CODE:	* = TYPE OF CHANGE				
AGENCY CUSTOMER ID:	(A)DD (C)HANGE (D)ELETE (I)NFORMATIONAL ONLY - NO CHANGE				

POLICY INFORMATION

BROAD LINE OF BUSINESS	LINE OF BUSINESS			
☐ COMMERCIAL ☐ PLEASURE & BUSINESS	☐ AIRCRAFT	☐ PRIVATE HANGAR	☐ PRODUCTS LIABILITY	
	☐ AIRPORT & FBO	☐ PROPERTY	☐	

POLICY TYPE	LINE OF BUSINESS SUBCODE									
☐ AIRCRAFT - INDUSTRIAL AID	☐ AIRPLANE	☐ HELICOPTER	☐ MIXED FLEET	☐ EXCESS	☐ QUOTA SHARE	☐				
☐ AIRCRAFT - NON-OWNED	☐ LIABILITY ONLY	☐ HULL & LIABILITY	☐ HULL ONLY	☐						
☐ AIRCRAFT - PLEASURE & BUSINESS	☐ AIRPLANE	☐ HELICOPTER	☐ MIXED FLEET	☐ EXCESS	☐ QUOTA SHARE	☐				
☐ AIRCRAFT - COMMERCIAL	☐ AIRPLANE	☐ HELICOPTER	☐ MIXED FLEET	☐ EXCESS	☐ QUOTA SHARE	☐				
☐ AIRPORT & FBO	☐ AIRPORT	☐ FBO / COMMERCIAL	☐ PREMISES ONLY	☐ EXCESS	☐ QUOTA SHARE	☐				
☐ PRODUCTS LIABILITY	☐ MANUFACTURERS PRODUCTS	☐ PETROLEUM LIABILITY	☐ RUN-OFF	☐ EXCESS	☐ QUOTA SHARE	☐				

APPLICANT INFORMATION (See Partners section for Additional Named Insured)

FIRST NAMED INSURED (If Changed)	LEGAL ENTITY (If Changed)		
	☐ CORPORATION	☐ NOT FOR PROFIT	
	☐ INDIVIDUAL	☐ JOINT VENTURE	☐ LLC
FIRST NAMED INSURED'S ADDRESS (If Changed)	☐ PARTNERSHIP	☐ SUBCHAPTER "S" CORP	☐
	* FEIN:	* SOCIAL SECURITY:	
	* DATE BUSINESS STARTED:		
	* OWNERSHIP %		

*	HOME PHONE (A/C, No):	INSPECTION CONTACT	
*	BUSINESS PHONE (A/C, No, Ext):	*	NAME:
*	CELL PHONE (A/C, No):	*	PHONE (A/C, No, Ext):
*	FAX (A/C, No):	*	E-MAIL ADDRESS:
*	E-MAIL ADDRESS:	ACCOUNTING RECORDS CONTACT	
*	WEBSITE ADDRESS:	*	NAME:
*	OCCUPATION:	*	PHONE (A/C, No, Ext):
*	TITLE:	*	E-MAIL ADDRESS:

PARTNERS

PARTNER NAME (If Changed)	PARTNER NAME (On Current Policy)	
PARTNER'S ADDRESS (If Changed)	*	FEIN:
	*	SOCIAL SECURITY:
	*	OWNERSHIP %
	*	HOME PHONE (A/C, No):
	*	BUSINESS PHONE (A/C, No, Ext):
	*	CELL PHONE (A/C, No):
* OCCUPATION:	*	FAX (A/C, No):
* TITLE:	*	E-MAIL ADDRESS:

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS

*	AERIAL PHOTOGRAPHY	*	AIRCRAFT REPAIR	*	DISTRIBUTORS	*	PRIVATE HANGAR
*	AGRICULTURAL AERIAL APPLICATIONS	*	AIRCRAFT SALES	*	FIXED BASED OPERATOR	*	ORIG EQUIPMENT DESIGNERS / MANUFACTURERS
*	AIRCRAFT ASSEMBLY	*	AIRLINE	*	FLIGHT SCHOOL	*	REGIONAL / MUNICIPAL AIRPORT
*	AIRCRAFT MUSEUM	*	AVIATION MODIFICATION SERVICES	*	FUEL FARM	*	REPAIR SERVICES
*	AIRCRAFT PART SALES	*	AVIONICS	*	HELICOPTER OPERATOR	*	SUBCONTRACTORS
*	AIRCRAFT PARTS MANUFACTURER	*	CHARTER OPERATION	*	HOLDING COMPANY	*	

* DESCRIPTION OF OPERATIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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AGENCY CUSTOMER ID: _____

PARENT INFORMATION

NAME (On Current Policy):	NAME (On Current Policy):
* NAME:	* NAME:
* STREET:	* STREET:
* CITY:	* CITY:
* STATE: * ZIP:	* STATE: * ZIP:

SUBSIDIARY INFORMATION

NAME (On Current Policy):	* COMPANY IS:
* NAME:	☐ OWNED ☐ MANAGED
* STREET:	☐ SUBSIDIARY ☐ CONTROLLED
* CITY:	☐ AFFILIATED
* STATE: * ZIP:	* BUSINESS START DATE:
NAME (On Current Policy):	* COMPANY IS:
* NAME:	☐ OWNED ☐ MANAGED
* STREET:	☐ SUBSIDIARY ☐ CONTROLLED
* CITY:	☐ AFFILIATED
* STATE: * ZIP:	* BUSINESS START DATE:
NAME (On Current Policy):	* COMPANY IS:
* NAME:	☐ OWNED ☐ MANAGED
* STREET:	☐ SUBSIDIARY ☐ CONTROLLED
* CITY:	☐ AFFILIATED
* STATE: * ZIP:	* BUSINESS START DATE:

* ☐ ALL FIRMS LISTED ABOVE ARE: ☐ DISTRIBUTORS ☐ REPAIR SERVICE ☐ MODIFICATION SERVICE ☐ SUBCONTRACTORS ☐ ORIGINAL EQUIPMENT DESIGNER / MANUFACTURERS

AIRPORT AND BUILDING INFORMATION

* LOC #	* BLDG #	* NAME (On Current Policy):	* LOCATION	* INTEREST	* ANNUAL REVENUE	* % OCC
		* NAME:	☐ ON AIRPORT	☐ OWNER	$	%
		* STREET:	☐ OFF AIRPORT	☐ TENANT	* # OF EMPLOYEES	* YEAR BUILT
* AIRPORT ID		* CITY:				
		* STATE: * ZIP:				

NATURE OF BUSINESS

* ☐ AERIAL PHOTOGRAPHY	* ☐ AIRCRAFT REPAIR	* ☐ DISTRIBUTORS	* ☐ PRIVATE HANGAR
* ☐ AGRICULTURAL AERIAL APPLICATIONS	* ☐ AIRCRAFT SALES	* ☐ FIXED BASED OPERATOR	* ☐ ORIG EQUIPMENT DESIGNERS / MANUFACTURERS
* ☐ AIRCRAFT ASSEMBLY	* ☐ AIRLINE	* ☐ FLIGHT SCHOOL	* ☐ REGIONAL / MUNICIPAL AIRPORT
* ☐ AIRCRAFT MUSEUM	* ☐ AVIATION MODIFICATION SERVICES	* ☐ FUEL FARM	* ☐ REPAIR SERVICES
* ☐ AIRCRAFT PART SALES	* ☐ AVIONICS	* ☐ HELICOPTER OPERATOR	* ☐ SUBCONTRACTORS
* ☐ AIRCRAFT PARTS MANUFACTURER	* ☐ CHARTER OPERATION	* ☐ HOLDING COMPANY	* ☐

* DESCRIPTION OF OPERATIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

* LOC #	* BLDG #	* NAME (On Current Policy):	* LOCATION	* INTEREST	* ANNUAL REVENUE	* % OCC
		* NAME:	☐ ON AIRPORT	☐ OWNER	$	%
		* STREET:	☐ OFF AIRPORT	☐ TENANT	* # OF EMPLOYEES	* YEAR BUILT
* AIRPORT ID		* CITY:				
		* STATE: * ZIP:				

NATURE OF BUSINESS

* ☐ AERIAL PHOTOGRAPHY	* ☐ AIRCRAFT REPAIR	* ☐ DISTRIBUTORS	* ☐ PRIVATE HANGAR
* ☐ AGRICULTURAL AERIAL APPLICATIONS	* ☐ AIRCRAFT SALES	* ☐ FIXED BASED OPERATOR	* ☐ ORIG EQUIPMENT DESIGNERS / MANUFACTURERS
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* ☐ AIRCRAFT PARTS MANUFACTURER	* ☐ CHARTER OPERATION	* ☐ HOLDING COMPANY	* ☐

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REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)