



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)
07/15/2025

AGENCY Amerigo Insurance Agency 1110 Civic Center Ste 202D Yuba City, CA 95993				CARRIER Sutton Specialty Insurance Company				NAIC CODE 16848		
CONTACT NAME PHONE (A/C, No, Ext): (530) 290-1633 FAX (A/C, No): (530) 290-1701 E-MAIL ADDRESS: CODE SUBCODE AGENCY CUSTOMER ID NAMED INSURED				ATTENTION						
				POLICY NUMBER WHI01000004674-00						
				ACCOUNT NUMBER						
				EFFECTIVE DATE OF CHANGE		POLICY INCEPTION DATE 05/29/2025		POLICY EXPIRATION DATE 07/06/2025		
				POLICY TYPE	PROPERTY		AUTO		WORKERS COMP	
					INLAND MARINE		TRUCKERS			
					UMBRELLA		MOTOR CARRIERS			
					GENERAL LIABILITY		BUSINESS OWNERS			
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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

--	--	--	--	--	--	--	--	--	--

PREMISES INFORMATION				<input type="checkbox"/>	ADD	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	DELETE
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4		CITY LIMITS		INTEREST		YR BUILT	PART OCCUPIED
				<input type="checkbox"/>	INSIDE	<input type="checkbox"/>	OWNER		
				<input type="checkbox"/>	OUTSIDE	<input type="checkbox"/>	TENANT		

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S)				<input type="checkbox"/>	ADD	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	DELETE
LOC #	BLD #								

AUTO-VEHICLE DESCRIPTION / LIMITS				<input type="checkbox"/>	POLICY LIMIT(S) CHANGED				<input type="checkbox"/>	ADD	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	DELETE
VEH #	YEAR	MAKE Interchanges		BODY TYPE: Trailer		VEHICLE TYPE			SYM/ AGE	COMP / OTC SYM	COLL SYM			
	2025	MODEL: TD		V.I.N.: 02345678912365478		<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		COMM'L	FOR HIRE	CHECK OVERAGES	ADD'L NOE-MAIL	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L	
<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	LIAB	MED PAY	FT	COMP/OTC	FG	<input type="checkbox"/>	AA	<input type="checkbox"/>	ST AMT \$	
<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	NO-FAULT	UNINS MOTOR	FTW	COLL		\$			COLL \$	
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				
\$		\$		\$		\$		\$		\$				

AUTO-VEHICLE DESCRIPTION / LIMITS				<input type="checkbox"/>	POLICY LIMIT(S) CHANGED				<input type="checkbox"/>	ADD	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	DELETE
VEH #	YEAR	MAKE Interchanges		BODY TYPE: Trailer		VEHICLE TYPE			SYM/ AGE	COMP / OTC SYM	COLL SYM			
	2025	MODEL: TD		V.I.N.: 02345678912365478		<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		COMM'L	FOR HIRE	CHECK OVERAGES	ADD'L NOE-MAIL	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP/ OTC	SPEC C OF L	
<input type="checkbox"/>	PLEASURE	<input type="checkbox"/>	RETAIL	<input type="checkbox"/>	LIAB	MED PAY	FT	COMP/OTC	FG	<input type="checkbox"/>	AA	<input type="checkbox"/>	ST AMT \$	
<input type="checkbox"/>	FARM	<input type="checkbox"/>	SERVICE	<input type="checkbox"/>	NO-FAULT	UNINS MOTOR	FTW	COLL		\$			COLL \$	
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				
\$		\$		\$		\$		\$		\$				

DRIVER INFORMATION (List drivers who frequently use own vehicles)										<input checked="" type="checkbox"/>	ADD	<input type="checkbox"/>	CHANGE	<input type="checkbox"/>	DELETE	
DRIVER #	NAME CITY, STATE AND ZIP CODE				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
	Gurjit Singh				M	M	02/03/1982			Y4430097	CA	Appointed				
* MARITAL STATUS / CIVIL UNION (if applicable)																

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

PROPERTY / INLAND MARINE - PREMISES INFORMATION

PREMISES #:

BUILDING #:

ADD

CHANGE

DELETE

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	DISTANCE TO		FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
	HYDRANT	FIRE STAT						
	FT	MI						

BUILDING IMPROVEMENTS		PLUMBING, YR	BLDG CODE GRADE	INSPECTED? Y/N	ROOF TYPE	OTHER OCCUPANCIES
	WIRING YR:					
	HEATING, YR:					
	ROOFING, YR					
		OTHER:	TAX CODE			

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

BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE		CENTRAL STATION
						WITH KEYS

BURGLAR ALARM TYPE	CERTIFICATE #		CLOCK HOURLY

PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO2/Chemical Systems)	FIRE ALARM MANUFACTURER		CENTRAL STATION
			LOCAL GONG

INLAND MARINE - SCHEDULED EQUIPMENT

% COINSURANCE:

ADD

CHANGE

DELETE

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

GENERAL LIABILITY - LIMITS

CHANGE

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

CHANGE

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

ADDITIONAL INTEREST

ADD

CHANGE

DELETE

INTEREST			NAME AND ADDRESS RANK: _____	EVIDENCE:		CERTIFICATE:	INTEREST IN ITEM NUMBER	
<div></div>	ADDITIONAL INSURED	<div></div>		MORTGAGEE			LOCATION:	BUILDING
<div></div>	EMPLOYEE AS LESSOR	<div></div>		OWNER			VEHICLE	BOAT
<div></div>	LIENHOLDER	<div></div>		REGISTRANT			AIRPORT:	
<div></div>	LOSS PAYEE						ITEM CLASS:	ITEM
<div></div>							ITEM DESCRIPTION	
<div></div>					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)
PARMJIT DHAMI		
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

COMMERCIAL POLICY CHANGE REQUEST -

[illegible]