



# COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

12/06/2025

AGENCY <i>Gylis</i>		CARRIER	
CONTACT NAME: <i>Ajay</i>		ATTENTION	
PHONE (A/C, No, Ext): <i>9984321061</i>		POLICY NUMBER <i>121346</i>	
FAX (A/C, No): <i>99464521101132</i>		ACCOUNT NUMBER <i>9932645210078</i>	
E-MAIL ADDRESS: <i>Ajaybabu@gmail.com</i>		EFFECTIVE DATE OF CHANGE <i>15/07/2025</i>	
CODE: <i>502303</i>		POLICY INCEPTION DATE <i>12/06/2025</i>	
SUBCODE:		POLICY EXPIRATION DATE <i>12/06/2027</i>	
AGENCY CUSTOMER ID:		POLICY TYPE	
NAMED INSURED <i>Sunshine Lawn Electronics</i>		PROPERTY <input checked="" type="checkbox"/> AUTO	
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4) <i>Ajay, Gachibowli Hyderabad</i>		INLAND MARINE <input type="checkbox"/> TRUCKERS <input type="checkbox"/>	
		UMBRELLA <input type="checkbox"/> MOTOR CARRIERS <input type="checkbox"/>	
		GENERAL LIABILITY <input type="checkbox"/> BUSINESS OWNERS <input type="checkbox"/>	
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

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	ADD	CHANGE	DELETE
			CITY LIMITS	INTEREST	YR BUILT
			INSIDE	OWNER	PART OCCUPIED
			OUTSIDE	TENANT	

## NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S)

LOC #	BLD #	ADD	CHANGE	DELETE

## AUTO-VEHICLE DESCRIPTION / LIMITS

VEH #	YEAR	MAKE:	BODY TYPE:	ADD	CHANGE	DELETE
		MODEL:	V.I.N.:			
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP	
	<i>Gachibowli</i>	<i>Hyderabad</i>	<i>India</i>	<i>TS</i>	<i>507303</i>	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:			
LIABILITY	NO FAULT	ADD'L NO FAULT	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS	

## AUTO-VEHICLE DESCRIPTION / LIMITS

VEH #	YEAR	MAKE:	BODY TYPE:	ADD	CHANGE	DELETE
		MODEL:	V.I.N.:			
GARAGING ADDRESS	STREET (Required in KY)	CITY	COUNTY	STATE	ZIP	
	<i>Madhapur</i>	<i>Hyderabad</i>	<i>INDIA</i>	<i>TS</i>	<i>507303</i>	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:			
LIABILITY	NO FAULT	ADD'L NO FAULT	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS	

## DRIVER INFORMATION (List drivers who frequently use own vehicles)

DRIVER #	NAME	CITY, STATE AND ZIP CODE	SEX	* MAR STA	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE

\* MARITAL STATUS / CIVIL UNION (if applicable)

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## WORKERS COMPENSATION RATING INFORMATION

AGENCY CUSTOMER ID:

5196729494

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

## 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 HYDRANT FT	FIRE STAT MI	FIRE DISTRICT / CODE NUMBER	PROT CL	# STORIES	# BASMTS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS WIRING, YR: ROOFING, YR:	PLUMBING, YR: HEATING, YR: OTHER:	BLDG CODE GRADE	INSPECTED? Y/N	ROOF TYPE	OTHER OCCUPANCIES			
RIGHT EXPOSURE & DISTANCE	LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE					
BURGLAR ALARM TYPE	CERTIFICATE #	EXPIRATION DATE	EXTENT	GRADE	CENTRAL STATION WITH KEYS			
BURGLAR ALARM INSTALLED AND SERVICED BY			# GUARDS/WATCHMEN	CLOCK HOURLY				
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO <sub>2</sub> / 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
						\$ 15000
						\$ 15000

## 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
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LENDER <input type="checkbox"/> LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT					LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: ITEM CLASS: ITEM: ITEM DESCRIPTION
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)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER