



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

08/25/2023

AGENCY Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas, TX 75240		CARRIER United Specialty Ins Co		NAIC CODE 12537	
CONTACT NAME: Kyle L Cardwell PHONE (A/C, No, Ext): (972) 387-3000 FAX (A/C, No): (972) 387-3808 E-MAIL ADDRESS: services@swinglecollins.com		ATTENTION			
CODE:		SUBCODE:		POLICY NUMBER AUN2215042	
AGENCY CUSTOMER ID: STONHOM-01		EFFECTIVE DATE OF CHANGE 08/25/2023		POLICY INCEPTION DATE 09/01/2022	
NAMED INSURED Stonefield Homes, LLC		POLICY TYPE		POLICY EXPIRATION DATE 09/01/2023	
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4)		PROPERTY		AUTO	
		INLAND MARINE		WORKERS COMP	
		UMBRELLA		TRUCKERS	
		X GENERAL LIABILITY		MOTOR CARRIERS	
				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

LOC #		BLD #		STREET, CITY, COUNTY, STATE, ZIP+4		CITY LIMITS		INTEREST		YR BUILT		PART OCCUPIED	
						INSIDE		OWNER					
						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:		VEHICLE TYPE		SYM / AGE		COMP / OTC SYM		COLL SYM	
				MODEL:		V.I.N.:		PP SPEC COML							
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE		ZIP					
LIC STATE		TERR		GVW / GCW		CLASS		SIC		FACTOR		SEAT CP		RADIUS	
USE		COMM'L		FOR HIRE		CHECK COVERAGES		ADD'L NO-FAULT		UNDRINS MOTOR TOWING & LABOR		F		LSP	
PLEASURE		RETAIL				LIAB		MED PAY		UNINS MOTOR		FT		COMP/OTC	
FARM		SERVICE				NO-FAULT		UNINS MOTOR		SPEC C OF L		FTW		COLL	
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					
\$		\$		\$		\$		\$		\$					

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\$		\$		\$		\$		\$		\$					

DRIVER INFORMATION (List drivers who frequently use own vehicles)

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	

* MARITAL STATUS / CIVIL UNION (if applicable)

WORKERS COMPENSATION RATING INFORMATION

AGENCY CUSTOMER ID: STONHOM-01

JMARRA

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

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	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS	PLUMBING, YR:	BLDG CODE GRADE	INSPECTED? Y/N	ROOF TYPE	OTHER OCCUPANCIES			
WIRING, YR:	HEATING, YR:	TAX CODE						
ROOFING, YR:	OTHER:							
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 ₂ / Chemical Systems)				FIRE ALARM MANUFACTURER		CENTRAL STATION LOCAL GONG		

INLAND MARINE - SCHEDULED EQUIPMENT

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

GENERAL LIABILITY - LIMITS

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

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

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED	LBJ Heritage, LLC C/O: myCOI 1075 Broad Ripple Avenue, Suite 313 Indianapolis, IN 46220			LOCATION: 1	BUILDING: 1
EMPLOYEE AS LESSOR				VEHICLE:	BOAT:
LIENHOLDER				AIRPORT:	
LOSS PAYEE				ITEM CLASS:	ITEM:
<input checked="" type="checkbox"/> CG 20 11				ITEM DESCRIPTION 5001 LBJ Freeway, Suite 850 Dallas TX	
REFERENCE / LOAN #:					

SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)

PRODUCER'S SIGNATURE <i>Kyle L Cardwell</i>	PRODUCER'S NAME (Please Print) Kyle L Cardwell	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER