



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

12/12/2023

AGENCY Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas, TX 75240	CARRIER Cincinnati Insurance Companies	NAIC CODE 10677
CONTACT NAME: Rick Crain, Jr.	ATTENTION	
PHONE (A/C, No, Ext): (972) 387-3000	POLICY NUMBER EPP0598683/EBA0598683	
FAX (A/C, No): (972) 387-3808	ACCOUNT NUMBER	
E-MAIL ADDRESS: services@swinglecollins.com	EFFECTIVE DATE OF CHANGE 12/12/2023	POLICY INCEPTION DATE 12/02/2023
CODE: 42005	SUBCODE:	POLICY EXPIRATION DATE 10/25/2024
AGENCY CUSTOMER ID: SAGOCAP-01	POLICY TYPE <input checked="" type="checkbox"/> PROPERTY <input type="checkbox"/> INLAND MARINE <input checked="" type="checkbox"/> UMBRELLA <input checked="" type="checkbox"/> GENERAL LIABILITY	<input checked="" type="checkbox"/> AUTO <input type="checkbox"/> TRUCKERS <input type="checkbox"/> MOTOR CARRIERS <input type="checkbox"/> BUSINESS OWNERS
NAMED INSURED Spring Valley Industrial, LLC	WORKERS COMP	
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4)		
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 #	
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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 SPEC C OF L	F	LSP
	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP/OTC
	SERVICE		NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
LIABILITY	NO FAULT	ADD'L NO FAULT	MEDICAL PAYMENTS	UNINSURED MOTORISTS	UNDERINSURED MOTORISTS		
\$	\$	\$	\$	\$	\$		

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DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR/CR:	TOTAL PREM: \$			
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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: SAGOCAP-01

CPHILLIPS

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:								
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 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		
<input checked="" type="checkbox"/> ADDITIONAL INSURED	<input checked="" type="checkbox"/> MORTGAGEE	Wells Fargo Bank, N.A. and its successors and assigns				LOCATION:		BUILDING:
<input type="checkbox"/> EMPLOYEE AS LESSOR	<input type="checkbox"/> OWNER	BBG Collateral Management				VEHICLE:		BOAT:
<input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> REGISTRANT	P.O. Box 659713				AIRPORT:		
<input type="checkbox"/> LOSS PAYEE		San Antonio, TX 78265-9827				ITEM CLASS:		ITEM:
		REFERENCE / LOAN #:				ITEM DESCRIPTION		

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

PRODUCER'S SIGNATURE <i>Rick Crain, Jr.</i>	PRODUCER'S NAME (Please Print) Rick Crain, Jr.	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER