



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

08/02/2024

AGENCY Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas, TX 75240		CARRIER Federal Insurance Company		NAIC CODE 20281
CONTACT NAME: Kyle L Cardwell		ATTENTION		
PHONE (A/C, No, Ext): (972) 387-3000		POLICY NUMBER 6722490		
FAX (A/C, No): (972) 387-3808		ACCOUNT NUMBER		
E-MAIL ADDRESS: services@swinglecollins.com		EFFECTIVE DATE OF CHANGE 08/02/2024		
CODE:	SUBCODE:	POLICY INCEPTION DATE 09/01/2023		POLICY EXPIRATION DATE 09/01/2024
AGENCY CUSTOMER ID: STONHOM-01		POLICY TYPE	PROPERTY INLAND MARINE UMBRELLA GENERAL LIABILITY	AUTO TRUCKERS MOTOR CARRIERS BUSINESS OWNERS
NAMED INSURED Stonefield Homes, LLC				WORKERS COMP BUILDERS RISK
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)

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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	FARTHEST TERMINAL		COST NEW
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP/OTC		AA	ST AMT
FARM	SERVICE		NO-FAULT	UNINS MOTOR	UNINS MOTOR	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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\$		\$		\$		\$		\$		\$

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
<input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE	<input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT			LOCATION: BUILDING: VEHICLE: BOAT: AIRPORT: ITEM CLASS: ITEM: ITEM DESCRIPTION
Method Bank ISAMA/ATIMA 3100 Monticello Avenue, Suite 125 Dallas, TX 75205				
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