



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)

07/30/2024

AGENCY Swingle, Collins & Associates 13760 Noel Road, Suite 600 Dallas, TX 75240		CARRIER Federal Insurance Company		NAIC CODE 20281	
CONTACT NAME: Kyle L Cardwell PHONE (A/C, No, Ext): (972) 387-3000 FAX (A/C, No): (972) 387-3808 E-MAIL ADDRESS: services@swinglecollins.com		ATTENTION		POLICY NUMBER J06277718	
CODE:		SUBCODE:		ACCOUNT NUMBER	
AGENCY CUSTOMER ID: BROWFOX-02		EFFECTIVE DATE OF CHANGE 07/29/2024		POLICY INCEPTION DATE 08/01/2023	
NAMED INSURED Brown Fox PLLC		POLICY TYPE		POLICY EXPIRATION DATE 08/01/2024	
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4) Brown Fox PLLC 8111 Preston Road, Ste 300 Dallas, TX 75225		PROPERTY INLAND MARINE UMBRELLA GENERAL LIABILITY		AUTO TRUCKERS MOTOR CARRIERS BUSINESS OWNERS	
				WORKERS COMP X CRIME	
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

				ADD		CHANGE		DELETE	
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)

				ADD		CHANGE		DELETE	
LOC #	BLD #								

AUTO-VEHICLE DESCRIPTION / LIMITS

				POLICY LIMIT(S) CHANGED				ADD		CHANGE		DELETE			
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	COMP / OTC	SPEC C OF L			
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT					
FARM	SERVICE		NO-FAULT	UNINS MOTOR	UNINS MOTOR	FTW	COLL		\$		\$		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					
\$		\$		\$		\$		\$		\$					

AUTO-VEHICLE DESCRIPTION / LIMITS

				POLICY LIMIT(S) CHANGED				ADD		CHANGE		DELETE			
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	COMP / OTC	SPEC C OF L			
PLEASURE	RETAIL		LIAB	MED PAY	UNINS MOTOR	FT	COMP / OTC		AA	ST AMT					
FARM	SERVICE		NO-FAULT	UNINS MOTOR	UNINS MOTOR	FTW	COLL		\$		\$		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					
\$		\$		\$		\$		\$		\$					

DRIVER INFORMATION (List drivers who frequently use own vehicles)

				ADD		CHANGE		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

* MARITAL STATUS / CIVIL UNION (if applicable)

WORKERS COMPENSATION RATING INFORMATION

AGENCY CUSTOMER ID: BROWFOX-02

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:								
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
ADDITIONAL INSURED				LOCATION: _____
EMPLOYEE AS LESSOR				BUILDING: _____
LIENHOLDER				VEHICLE: _____
LOSS PAYEE				BOAT: _____
				AIRPORT: _____
				ITEM CLASS: _____
				ITEM: _____
				ITEM DESCRIPTION _____
	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