

ACORD™ COMMERCIAL POLICY CHANGE REQUEST							DATE (MM/DD/YY) JUN 18 2013		
AGENCY Holden Agency Insurance PO Box 10610 Portland ME 04104 CODE: 0310128 AGENCY CUSTOMER ID: 9904		PHONE A/C, No. Ext): (207) 775-3793 FAX A/C, No.): (207) 775-3691		POLICY TYPE PROPERTY <input type="checkbox"/> INLAND MARINE <input type="checkbox"/> UMBRELLA <input type="checkbox"/>		GENERAL LIABILITY <input checked="" type="checkbox"/> AUTO <input type="checkbox"/> TRUCKERS <input type="checkbox"/>		MOTOR CARRIERS <input type="checkbox"/> BUSINESS OWNERS <input type="checkbox"/> WORKERS COMP <input type="checkbox"/>	
INSURED'S NAME The Coffee Cat, LLC				COMPANY Ohio Security Insurance Company				NAIC CODE: 24082	
INSURED'S MAILING ADDRESS IF CHANGED (INC ZIP+4)				ATTENTION:				EFFECTIVE DATE OF CHANGE JUN 18 2013	
				POLICY NUMBER BKS65560304				POLICY INCEPTION DATE MAY 18 2013	
				POLICY EXPIRATION DATE MAY 16 2014				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.	

PREMISES INFORMATION						<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	INTEREST <input type="checkbox"/> OWNER <input type="checkbox"/> TENANT	YR BUILT	PART OCCUPIED		

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)						<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE	
LOC #	BLD #								

AUTO-VEHICLE DESCRIPTION/LIMITS														POLICY LIMIT(S) CHANGED				<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
VEH #	YEAR	MAKE: MODEL:				BODY TYPE: V.I.N.:				VEHICLE TYPE PP <input type="checkbox"/> SPEC <input type="checkbox"/>		SYMAGE	COST NEW							
CITY, STATE, ZIP WHERE GARAGED			LIC STATE	TERR	GVW/GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM								
DRIVE TO WORK/SCHOOL		USE	COMM'L	CHECK COVERAGES	ADD'L NO FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP	SPEC C OF L							
<15 MILES		PLEASURE	RETAIL	LIAB	MED PAY	TOWING & LABOR	FT	COMP	FG	AA	ST AMT	\$								
15 MILES +		FARM	SERVICE	NO-FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL				\$	COLL							
NET VEH DRGR														TOTAL PREM \$						
LIABILITY				NO FAULT				ADD'L NO FAULT				MEDICAL PAYMENTS				UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		
\$				\$				\$				\$				\$		\$		

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LIABILITY				NO FAULT				ADD'L NO FAULT				MEDICAL PAYMENTS				UNINSURED MOTORISTS		UNDERINSURED MOTORISTS		
\$				\$				\$				\$				\$		\$		

DRIVER INFORMATION (List drivers who frequently use own vehicles)											<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
DRIVER #	NAME (Include Address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	NO FAULT	DOC	USE VEH #	% USE

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

PROPERTY/INLAND MARINE - PREMISES INFORMATION

PREMISES #: _____ BUILDING #: _____ ADD CHANGE DELETE

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSE OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS, AND RATING INFORMATION

CONSTRUCTION TYPE		DISTANCE TO HYDRANT FT FIRE STAT MI		FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS WIRING, YR: _____ ROOFING, YR: _____		PLUMBING, YR: _____ HEATING, YR: _____ OTHER: _____		BLDG CODE GRADE	INSPECTED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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, CO2/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
						\$
						\$

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	LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	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 (F) OTHER

UMBRELLA

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

ADDITIONAL INTEREST

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED		City of Portland 389 Congress Street Portland ME 04101			PREMISES: 1 BUILDING: 1
<input type="checkbox"/> LOSS PAYEE			VEHICLE:	BOAT:	
<input type="checkbox"/> MORTGAGEE			SCHEDULED ITEM NUMBER:		
<input type="checkbox"/> MORTGAGEE			OTHER		
<input type="checkbox"/> LIENHOLDER			ITEM DESCRIPTION LISTED AS AI FOR OUTDOOR SIDEWALK SIGN		

ADDITIONAL CHANGES/REMARKS

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

INSURED'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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