



COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YYYY)
9/28/2018

AGENCY Oakmont Insurance Services LLC 30-50 Whitestone Exp Suite 302 Flushing, NY 11354 Oakmont Insurance Services LLC Phone: 646-599-8760 Fax: 646-599-8761		CARRIER Kingstone Insurance Company		NAIC CODE 13668
CONTACT NAME:		ATTENTION		
PHONE (A/C, No, Ext):		POLICY NUMBER BOP7001829		
FAX (A/C, No):		ACCOUNT NUMBER		
E-MAIL ADDRESS:		EFFECTIVE DATE OF CHANGE 10/02/18		
CODE:		POLICY INCEPTION DATE 01/10/18		POLICY EXPIRATION DATE 01/10/19
AGENCY CUSTOMER ID: WATERDR		POLICY TYPE		
NAMED INSURED Water Dragon New York LLC		<input type="checkbox"/> PROPERTY <input type="checkbox"/> INLAND MARINE <input type="checkbox"/> UMBRELLA <input type="checkbox"/> GENERAL LIABILITY		
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4) 34 Cherry Street Valley Stream, NY 11581		<input type="checkbox"/> AUTO <input type="checkbox"/> TRUCKERS <input type="checkbox"/> MOTOR CARRIERS <input checked="" type="checkbox"/> 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 (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Add Manhattan Location

PREMISES INFORMATION

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED
2	1	336 East 56th Street, NY NY 10022	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> TENANT	1910	600 sq ft

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S)

LOC #	BLD #	Laundry & Dry Cleaning Drop off Service only
2	1	

AUTO-VEHICLE DESCRIPTION / LIMITS

VEH #	YEAR	MAKE:	BODY TYPE:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL: <td>V.I.N.:<td>PP</td><td>SPEC</td><td>COML</td><td></td><td></td><td></td></td>	V.I.N.: <td>PP</td> <td>SPEC</td> <td>COML</td> <td></td> <td></td> <td></td>	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	
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP COMP/OTC	RENT REIMB FG	DEDUCTIBLES
Pleasure	Retail		LIAB NO-FAULT	MED PAY	UNINS MOTOR	FT	COLL		AA
FARM	SERVICE					FTW			ST AMT
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 (Include address, if required)	SEX	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER / SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN / NO-FAULT	DOC	USE VEH #	% USE

WORKERS COMPENSATION RATING INFORMATION

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

PROPERTY / INLAND MARINE - PREMISES INFORMATION

PREMISES #: 2

BUILDING #:

X

ADD

CHANGE

DELETE

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
BUILDING BPP	25000			RC			
PERSONAL PROP							

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CONSTRUCTION TYPE		DISTANCE TO HYDRANT		FIRE STAT		FIRE DISTRICT / CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
Joisted Mason		1,000 FT		MI					4		1910	3744
BUILDING IMPROVEMENTS		PLUMBING, YR:		BLDG CODE		INSPECTED?		ROOF TYPE		OTHER OCCUPANCIES		
WIRING, YR:		HEATING, YR:		GRADE		Y / N						
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

% COINSURANCE:

ADD

CHANGE

DELETE

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

GENERAL LIABILITY - LIMITS

CHANGE

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
A	2	1	Sales		\$	200000		(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

CHANGE

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

ADDITIONAL INTEREST

X

ADD

CHANGE

DELETE

INTEREST		NAME AND ADDRESS RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input checked="" type="checkbox"/> Landlord		Charles Henry Properties LLC P.O.Box 682 New York, NY 10108			LOCATION: VEHICLE: AIRPORT: ITEM CLASS: ITEM DESCRIPTION	BUILDING: BOAT: ITEM:
		REFERENCE / LOAN #:				

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

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida) BR-1356977
INSURED'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

**COMMERCIAL POLICY CHANGE REQUEST-
ADDITIONAL PREMISE INFORMATION**

WATERDR

OP ID: JC

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OF 1

PREMISES #2	BUILDING #2	<input checked="" type="checkbox"/> ADD		<input type="checkbox"/> CHANGE		<input type="checkbox"/> DELETE	
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New York, NY 10022							
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