



COMMERCIAL POLICY CHANGE REQUEST

OP ID: JC

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: PHONE (A/C No. Ext): FAX (A/C. No): E-MAIL: ADDRESS: CODE: <input type="text"/> SUBCODE: <input type="text"/>		ATTENTION															
		POLICY NUMBER BOP7001829															
		ACCOUNT NUMBER															
		EFFECTIVE DATE OF CHANGE 10/02/18	POLICY INCEPTION DATE 01/10/18	POLICY EXPIRATION DATE 01/10/19													
		<table border="1"> <tr> <td rowspan="4">POLICY TYPE</td> <td>PROPERTY</td> <td>AUTO</td> <td>WORKERS COMP</td> </tr> <tr> <td>INLAND MARINE</td> <td>TRUCKERS</td> <td></td> </tr> <tr> <td>UMBRELLA</td> <td>MOTOR CARRIERS</td> <td></td> </tr> <tr> <td>GENERAL LIABILITY</td> <td>X BUSINESS OWNERS</td> <td></td> </tr> </table>			POLICY TYPE	PROPERTY	AUTO	WORKERS COMP	INLAND MARINE	TRUCKERS		UMBRELLA	MOTOR CARRIERS		GENERAL LIABILITY	X BUSINESS OWNERS	
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	UMBRELLA	MOTOR CARRIERS															
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AGENCY CUSTOMER ID: WATERDR		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.															
NAMED INSURED Water Dragon New York LLC																	
INSURED'S NAME AND MAILING ADDRESS, IF CHANGED (INC ZIP+4) 34 Cherry Street Valley Stream, NY 11581																	

SHORT DESCRIPTION OF CHANGES / REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Add Manhattan Location

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

NATURE OF BUSINESS / DESCRIPTION OF OPERATIONS BY PREMISE(S)			ADD	CHANGE	DELETE
LOC #	BLD #	Laundry & Dry Cleaning Drop off Service only 2 1			

AUTO-VEHICLE DESCRIPTION / LIMITS			POLICY LIMIT(S) CHANGED			ADD	CHANGE	DELETE					
VEH #	YEAR	MAKE: MODEL:	BODY TYPE: V.I.N.:	VEHICLE TYPE			SYM / AGE	COMP / OTC SYM	COLL SYM				
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	F	LSP	RENT REIMB	DEDUCTIBLES	ACV	COMP / OTC	SPEC C OF L
Pleasure	Retail			LIAB NO-FAULT	MED PAY	TOWING & LABOR	FT	COMP / OTC	FG	AA	ST AMT	\$	
FARM	SERVICE			SPEC C OF L	UNINS MOTOR	SPEC C OF L	FTW	COLL		S	\$	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)										ADD	CHANGE	DELETE				
Driver #	NAME (Include address, if required)			MAR	SEX	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

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

WATERDR

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PREMISES #	BUILDING #			ADD	CHANGE	DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED	
336 East 56th Street New York, NY 10022		<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	OWNER <input checked="" type="checkbox"/> TENANT	1910 600		
PREMISES #	BUILDING #			ADD	CHANGE	DELETE
STREET, CITY, COUNTY, STATE, ZIP CODE		CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED	
		<input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	OWNER <input type="checkbox"/> TENANT			
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