



CHANGE ENDORSEMENT

Refer to Supplemental Declarations if information is not shown on this form.
This endorsement forms part of the policy shown below.

Policy No. _____ *Our* Name _____

Your Name: _____

Address (as shown on Declarations) _____

Effective Date of Endorsement: _____ Policy Period: _____ from: _____ to: _____

Agency _____ By: _____

POLICY CHANGES

1. Amount of Insurance changes:

Loc.		A. <i>Residence</i>	B. Related Private Structures	C. Personal Property	D. Additional Living Expense & Loss of Rent	L. Premises Liability Each Occurrence	M. Medical Payments to Others	
							Each Person	Each Accident
_____	To							
	From							
_____	To							
	From							
_____	To							
	From							

2. Other Changes (Include Endorsement Numbers and Edition Dates).

PREMIUM ADJUSTMENT

	Additional Premium	Return Premium
Due at Endorsement Effective Date:	\$	\$
N.Y.S. Fire Premium Fee (if applicable)	\$	\$

REVISED INSTALLMENT PAYMENTS (Applies to three-year installment policies).

Dates Due	Original Installments	Increase	Decrease	Revised Installments
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium to Policy Expiration		\$	\$	
N.Y.S. Fire Premium Fee (if applicable)		\$	\$	\$