



CHANGE ENDORSEMENT

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. Limit of Insurance changes:

<i>Building</i>	<i>Location</i>		<i>A Building</i>	<i>B Business Property</i>					
		To							
		From							
		To							
		From							
		To							
		From							

2. Limits of Liability changes:

TO	Liability Coverage	Limits of Liability			
	Coverage L— <i>Bodily Injury/</i>	\$	each	\$	aggregate
	<i>Property Damage</i>		<i>occurrence</i>		
	Coverage M— Premises Medical Payments	\$	each person	\$	each accident

FROM	Liability Coverage	Limits of Liability			
	Coverage L— <i>Bodily Injury/</i>	\$	each	\$	aggregate
	<i>Property Damage</i>		<i>occurrence</i>		
	Coverage M— Premises Medical Payments	\$	each person	\$	each accident

3. 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):	\$	\$	\$	\$