NO CHANGE IN PREMIUM ENDORSEMENT

This endorsement is effective _____ Policy Number _____

Policy Period _____ from _____ to _____.

Issued to: _____

By _____ at its agency in

_____

YOUR policy is amended as indicated by an (X) and described below:

1. _____ The *NAMED* ***INSURED*** *is* changed to:
2. _____ ***YOUR*** MAILING ADDRESS is changed to:
3. _____ The LOCATION of the property is changed to:
4. _____ The OCCUPANCY of the covered property is changed to:
5. _____ The DESCRIPTION of the insured property is changed to:
6. _____ The DESCRIPTION of Scheduled items is changed to:
7. _____ The _____ MORTGAGEE/LOSS PAYEE IS: _____ Added; _____ Removed; _____ Changed.
8. _____ The MAILING ADDRESS of _____ MORTGAGEE/LOSS PAYEE is changed to:
9. _____ The **TERM** of ***your*** policy is changed to:
10. _____ The PROPERTY COVERAGE LIMIT is changed with no change in premium.
11. _____ The LIABILITY COVERAGE LIMIT is changed. No change in premium.
12. _____ Other changed items with no change in premium.

_____

CHANGED TO:

_____ Agent