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. ~~Limit~~Amount of ~~Liability~~Insurance changes:

	A ***Residence***	**B** **Related Private Structures**	**C** **Personal Property**	**D** **Additional Living Expense & Loss of Rent**	___	___	___
~~New Limit~~ ~~$~~New Limit $	___	___	___	___	___	___	___
~~Old Limit~~ ~~$~~Old Limit $	___	___	___	___	___	___	___

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)		$ $ — _____	$ $ — _____	$ $ — _____