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:

Loc.		A. *Residence*	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	M. Medical Payments to Others 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)	$	$	$