# 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. LimitAmount of LiabilityInsurance changes:

| | A. *Residence* | B. Related Private Structures | C. Personal Property | D. Additional Living Expense & Loss of Rent | E. Sched. Farm Pers. Prop. Total LimitAmount | E. Blanket Farm Pers. Prop. Total LimitAmount | F. Farm Strcts. Total LimitAmount |
|---|---|---|---|---|---|---|---|
| **From** | | | | | | | |
| **To** | | | | | | | |

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) | $$ | $$ | $$ |