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:

Building	***Location***		***A Building***	***B Business Property***					
_____	_____	**To**	_____	_____					
_____	_____	**From**	_____	_____					
_____	_____	**To**	_____	_____					
_____	_____	**From**	_____	_____					
_____	_____	**To**	_____	_____					
_____	_____	**From**	_____	_____					

2. Limits of Liability changes:

TO

Liability Coverage	Limits of Liability	
Coverage L— ***Bodily Injury***/	~~$~~ $ _____ ~~each~~ each	$ _____ aggregate
Property Damage	***occurrence***	
Coverage M— Premises Medical	~~$~~ $ _____ ~~each~~ each	~~$~~ $ _____ ~~each~~ each
Payments	person	accident

FROM

Liability Coverage	Limits of Liability	
Coverage L— ***Bodily Injury***/	~~$~~ $ _____ ~~each~~ each	$ _____ aggregate
Property Damage	***occurrence***	
Coverage M— Premises Medical	~~$~~ $ _____ ~~each~~ each	~~$~~ $ _____ ~~each~~ each
Payments	person	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	Increase	Decrease	Revised

	Installments			Installments
_____ __	$ $ _____ __	$ $ _____ __	$ $ _____ __	$ $ _____ __
_____ __	$ $ _____ __	$ $ _____ __	$ $ _____ __	$ $ _____ __
Total Premium to Policy Expiration:		$ $ _____ __	$ $ _____ __	$ $ _____ __
N.Y.S. Fire Premium Fee (if applicable):		$ $ _____ __	$ $ _____ __	$ $ _____ __