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:

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

	Liability Coverage	Limits of Liability	
FROM	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 Installments	Increase	Decrease	Revised Installments

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