~~_____~~CHANGE ENDORSEMENT

Refer to the Declarations if information is not shown on this form.
This endorsement ~~forms part~~is subject to the ***terms*** of ~~the~~***your*** 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 ~~Insurance~~insurance changes~~:~~

Building	Location		Cov. A- Building	Cov. B- ~~***Business Property***~~***Bus. Prop.***					
~~_____~~	~~_____~~	To	~~_____~~	~~_____~~					
~~_____~~	~~_____~~	From	~~_____~~	~~_____~~					
~~_____~~	~~_____~~	To	~~_____~~	~~_____~~					
~~_____~~	~~_____~~	From	~~_____~~	~~_____~~					
~~_____~~	~~_____~~	~~**To**~~	~~_____~~	~~_____~~					
~~_____~~	~~_____~~	~~**From**~~	~~_____~~	~~_____~~					

2. Limits of ~~Liability~~liability changes~~:~~

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

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

3. Other ~~Changes (Include Endorsement Numbers~~changes (include form numbers and ~~Edition Dates~~edition dates).
_____
_____
_____

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PREMIUM ADJUSTMENT Additional Premium Return Premium

Due at ~~Endorsement Effective Date~~endorsement effective date: $ ——— $ ———

N.Y.S. Fire ~~Premium~~Insurance Fee (if applicable): $ ——— $ ———

REVISED INSTALLMENT PAYMENTS (Applies to three-year installment policies).

Dates Due	Original Installments	Increase	Decrease	Revised Installments
———	$ ———	$ ———	$ ———	$ ———
———	$ ———	$ ———	$ ———	$ ———
Total ~~Premium~~premium to ~~Policy Expiration~~policy expiration:		$ ———	$ ———	$ ———
N.Y.S. Fire ~~Premium~~Insurance Fee (if applicable):		$ ———	$ ———	$ ———

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