CHANGE ENDORSEMENT

Refer to the Declarations if information is not shown on this form.
This endorsement forms partis 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. LimitAmount of Insuranceinsurance changes:

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

2. Limits of Liabilityliability changes:

	Liability Coverage	Limits ofOf 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 ofOf 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 Numberschanges (include form numbers and Edition Dates). edition dates).

PREMIUM ADJUSTMENT
Due at endorsement effective date:

Additional Premium
$

Return Premium
$

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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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