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***/ ***Property Damage***	$	each ***occurrence***	$	aggregate
Coverage M— Premises Medical Payments	$	each person	$	each accident

FROM

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