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

	Liability Coverage	Limits ~~of~~Of Liability	
Single Limit	Coverage L - ***Bodily Injury~~/~~*** And ***Property Damage***	$ _____ each _____ ***occurrence***	$ _____ aggregate
Dual Limit	Coverage L - ***Bodily Injury Property Damage***	$ _____ each _____ ***occurrence*** $ _____ each ***occurrence***	$ _____ aggregate
TO	Coverage M - ~~Premises~~ Medical Payments	$ _____ each _____ person	$ _____ each _____ accident
	Coverage N - Products/Completed Operations	$ _____ each _____ ***occurrence***	$ _____ ~~***products/completed operations***~~ Products/Completed Operations aggregate
	Coverage O - Fire Legal Liability	$ _____ each _____ ***occurrence***	
	*Coverage P - ***Personal ~~Injury~~ & ~~And~~ _____ Advertising Injury*** Liability	$ _____ each _____ ***occurrence***	$ _____ aggregate

	Liability Coverage	Limits ~~of~~Of Liability	
Single Limit	Coverage L - ***Bodily Injury~~/~~*** And ***Property Damage***	$ _____ each _____ ***occurrence***	$ _____ aggregate
Dual Limit	Coverage L - ***Bodily Injury Property Damage***	$ _____ each _____ ***occurrence*** $ _____ each ***occurrence***	$ _____ aggregate
FROM	Coverage M - ~~Premises~~ Medical Payments	$ _____ each _____ ***person***	$ _____ each _____ accident
	Coverage N - Products/Completed Operations	$ _____ each _____ ***occurrence***	$ _____ ~~***products/completed operations***~~ Products/Completed Operations aggregate
	Coverage O - Fire Legal Liability	$ _____ each _____ ***occurrence***	
	*Coverage P - ***Personal ~~Injury~~ & ~~And~~ _____ Advertising Injury*** Liability	$ _____ each _____ ***occurrence***	$ _____ aggregate

* The Coverage P each ***occurrence*** limit and aggregate limit of liability is included within the Coverage L each ***occurrence*** limit and aggregate limit.

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

© 2020 URB®

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):		$ ———	$ ———	$ ———

© 2020 URB®