NO CHANGE IN PREMIUM ENDORSEMENT

This endorsement is effective _____ Policy Number _____

Policy Period _____ from _____ to _____.

Issued to: _____

By _____ at its agency in

_____

YOUR policy is amended as indicated by an (X) and described below:

1. ____ The *NAMED **INSURED** is* changed to: _____
2. ____ ***YOUR*** MAILING ADDRESS is changed to: _____
3. ____ The LOCATION of the property is changed to: _____
4. ____ The OCCUPANCY of the covered property is changed to: _____
5. ____ The DESCRIPTION of the insured property is changed to: _____
6. ____ The DESCRIPTION of Scheduled items is changed to: _____
7. ____ The ____ MORTGAGEE/LOSS PAYEE IS: ____ Added; ____ Removed; ____ Changed.
8. ____ The MAILING ADDRESS of _____ MORTGAGEE/LOSS PAYEE is changed to: _____
9. ____ The TERM of ***your*** policy is changed to: _____
10. ____ The PROPERTY COVERAGE ~~LIMIT~~AMOUNT is changed with no change in premium.
11. ____ The LIABILITY COVERAGE LIMIT is changed. No change in premium.
12. ____ Other changed items with no change in premium.

_____

_____

CHANGED TO:

_____
_____
_____
_____
_____
_____
_____
_____
_____

__ _____ Agent