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

PREMIUM ADJUSTMENT

	Additional Premium	Return Premium
Due at Endorsement Effective Date:	$	$

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

Dates Due	Original Installments	Increase	Decrease	Revised Installments
	$	$	$	$
	$	$	$	$
Total Premium to Policy Expiration.		$	$	