CHANGE ENDORSEMENT

Refer to the ~~Supplemental~~ Declarations if information is not shown on this form.
The coverage under this endorsement is subject to the ***terms*** contained in ~~the General~~ ***your*** policy.

Policy ~~Provisions~~

~~This endorsement forms part of the policy shown below.~~
~~Policy No.~~ Number ***Our*** Name

~~***Your*** Name~~
Insured

Address (as shown ~~on~~in the Declarations)

Effective Date of Endorsement Policy Period from to

Agency By

POLICY CHANGES

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PREMIUM ADJUSTMENT

	Additional Premium	Return Premium
~~Due at Endorsement Effective Date:~~	~~$~~	~~$~~
Due at endorsement effective date	$	$
N.Y.S. Fire ~~Premium~~Insurance Fee (if applicable)~~:~~	$	$ ~~$~~

Endorsement Issue Date

Authorized Representative

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