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 onin the Declarations) _____.
Effective Date of Endorsement _____ Policy Period _____ from _____ to _____.
Agency _____ By _____.

POLICY CHANGES

1. LimitAmount of Iinsurance changes:

Building	Location		Cov. A Building	Cov. B ***Business*** Property					
		To							
		From							
		To							
		From							
		To							
		From							

2. Other Changes (Include Endorsement Numberschanges (include form numbers and Edition Dates.)edition dates)

PREMIUM ADJUSTMENT

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

REVISED INSTALLMENT PAYMENTS (AppliesRevised installment payments (applies to three-year installment policies.))

Dates Due	Original Installments	Increase	Decrease	Revised Installments
	$	$	$	$
	$	$	$	$
Total Ppremium to Policy Expiration:policy	$		$	$

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expiration			
N.Y.S. Fire ~~Premium~~Insurance Fee (if applicable~~):~~)	$	$	$

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