



CHANGE ENDORSEMENT

Refer to Supplemental Declarations if information is not shown on this form.
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

1. Amount of Insurance changes:

	A. <i>Residence</i>	B. Related Private Structures	C. Personal Property	D. Additional Living Expense & Loss of Rent	E. Sched. Farm Pers. Prop. Total Amount	E. Blanket Farm Pers. Prop. Total Amount	F. Farm Strcts. Total Amount
From							
To							

2. Other Changes (Include Endorsement Numbers and Edition Dates).

PREMIUM ADJUSTMENT

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

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

Dates Due	Original Installments	Increase	Decrease	Revised Installments
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium to Policy Expiration		\$	\$	
N.Y.S. Fire Premium Fee (if applicable)		\$	\$	\$