



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. | | \$ | \$ | |