



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			
New Limit \$							
Old Limit \$							

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)		\$	\$	\$