



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

1. Limit of liability changes:

| | | A. <i>Residence</i> | B. Related Private Structures | C. Personal Property | D. Additional Living Expense & Loss of Rent | L. Premises Liability Each Occurrence | M. Medical Payments to Others Each Each Person Accident | |
|------------|-------------|------------------------|-------------------------------------|-------------------------|---|--|--|--|
| Loc. _____ | To | | | | | | | |
| | From | | | | | | | |
| _____ | To | | | | | | | |
| | From | | | | | | | |
| _____ | To | | | | | | | |
| | From | | | | | | | |

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) | | \$ | \$ | \$ |