



## CHANGE ENDORSEMENT

The coverage under this endorsement is subject to the **terms** contained in the General Policy Provisions.

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<br>Residence | B<br>Related<br>Private<br>Structures<br>on the<br>Premises | C<br>Personal<br>Property | D<br>Additional<br>Living<br>Expense & Loss<br>of Rent<br>Coverage | L<br>Personal<br>Liability<br>Each<br>Occurrence | M<br>Medical<br>Payments to Others<br>Each<br>Person<br>Each<br>Accident |
|-----------------|----------------|---|---------------------------|--|--|--|
| New<br>Limit \$ |                |   |                           |  |  |  |
| Old<br>Limit \$ |                |   |                           |  |  |  |

|                 | E<br>Scheduled<br>Farm<br>Personal<br>Property | E<br>Blanket<br>Farm<br>Personal<br>Property | F<br>Farm<br>Barns,<br>Buildings<br>Structures |
|-----------------|--|--|--|
| New<br>Limit \$ |  |  |  |
| Old<br>Limit \$ |  |  |  |

#### 2. Location and Description Changes:

#### 3. Other Changes (include Endorsement Numbers and Edition Dates).

### PREMIUM ADJUSTMENT

Due at Endorsement Effective Date:      Additional Premium      Return Premium  
\$      \$      \$

### RATING INFORMATION

|   |                       |        |                               |            |
|---|-----------------------|--------|-------------------------------|------------|
| Residence Rating Information : Zone   | Premium Group         | Type   | No. of Families or apartments | Protection |
| Miles from Fire Department  | Distance from Hydrant |        | Fire District                 |            |
| Construction : Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Mobile Home <input type="checkbox"/> |                       |        |                               |            |
| Year  | Serial number         | Length | Width                         | Tie Downs  |
|   |                       |        |                               | Make       |