



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

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<br>Installments | Increase | Decrease | Revised<br>Installments |
|---|--------------------------|----------|----------|-------------------------|
|   | \$                       | \$       | \$       | \$                      |
|   | \$                       | \$       | \$       | \$                      |
| Total Premium to Policy Expiration      |                          | \$       | \$       |                         |
| N.Y.S. Fire Premium Fee (if applicable) |                          | \$       | \$       | \$                      |