

CHANGE ENDORSEMENT

This endo	rsement forms	part of th		vn below.	DORSEN						
Policy No)				Our Name _						
	ne										
Address (as shown on D	eclaration	ns)	D 1' D ' 1							
Effective Date of EndorsementAgency				Policy Periodf		fron	om		to		
Agency _					ву						
	CHANGES										
1. Limit	of Insurance of	changes:									
Building	Location		A Building	B Business Property							
		To									
		From									
		To									
		From									
		To									
		From									
2. Limit	s of Liability c	hanges:									
•	Liability Coverage			Limits of Liability							
•	Coverage L— Bodily Injury/		\$ each			\$		aggre	egate		
ТО	Property Damage			occurrence							
	Coverage M— Premises Medical			\$ each			\$ each				
	Payments			person					accident		
	Linh	ility Coye				Limita	flichi	1;6-7			
· · · · · · · · · · · · · · · · · · ·		bility Coverage Bodily Injury		Limits o			\$ aggregate				
FROM			ty Damage	- Ψ	occurrence		Ψ		aggi	gate	
	Coverage M— Premises Medical			\$	\$ each		\$ each				
	Payments			person				accident			
3. Other	Changes (Inc	lude Endo	orsement Num	bers and Editio	on Dates).						
					,						
	M ADJUSTM			Additional	Premium]	Return	Premium			
Due at Endorsement Effective Date:							\$				
N.Y.S. Fi	re Premium Fe	e (if appl	ıcable):	\$;	\$				
REVISEI) INSTALLM	ENT PAY	MENTS (Ap	plies to three-y	ear installmei	nt policies	s).				

Dates Due	Original	Increase	Decrease	Revised	
	Installments			Installments	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Total Premium to Polic	y Expiration:	\$	\$	\$	
N.Y.S. Fire Premium F	ee (if applicable):	\$	\$	\$	

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