



CHANGE ENDORSEMENT

Refer to the Declarations if information is not shown on this form.

This endorsement is subject to the *terms* of *your* policy.

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

Building	Location		Cov. A- Building	Cov. B- <i>Bus. Prop.</i>					
		To							
		From							
		To							
		From							

2. Limits of liability changes

TO	Liability Coverage	Limits Of Liability	
	Coverage L - <i>Bodily Injury And Property Damage</i>	\$ each <i>occurrence</i>	\$ aggregate
	Coverage M - Medical Payments	\$ each person	\$ each accident
FROM	Liability Coverage	Limits Of Liability	
	Coverage L - <i>Bodily Injury And Property Damage</i>	\$ each <i>occurrence</i>	\$ aggregate
	Coverage M - Medical Payments	\$ each person	\$ each accident

3. Other changes (include form numbers and edition dates).

PREMIUM ADJUSTMENT

	Additional Premium	Return Premium
Due at endorsement effective date:	\$	\$
N.Y.S. Fire Insurance 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 Insurance Fee (if applicable):		\$	\$	\$