



## 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 Insurance changes:

<i>Building</i>	<i>Location</i>		<i>A Building</i>	<i>B Business Property</i>					
		<b>To</b>							
		<b>From</b>							
		<b>To</b>							
		<b>From</b>							
		<b>To</b>							
		<b>From</b>							

#### 2. Limits of Liability changes:

TO	Liability Coverage	Limits of Liability	
	Coverage L— <i><b>Bodily Injury/ Property Damage</b></i>	\$ _____ each <i>occurrence</i>	\$ _____ aggregate
	Coverage M— Premises Medical Payments	\$ _____ each person	\$ _____ each accident

FROM	Liability Coverage	Limits of Liability	
	Coverage L— <i><b>Bodily Injury/ Property Damage</b></i>	\$ _____ each <i>occurrence</i>	\$ _____ aggregate
	Coverage M— Premises Medical Payments	\$ _____ each person	\$ _____ each accident

#### 3. 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):	\$ _____	\$ _____	\$ _____	\$ _____