



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. Limits of Liability changes:

Single Limit Dual Limit TO	Liability Coverage	Limits of Liability	
	Coverage L - <i>Bodily Injury/ Property Damage</i>	\$ each <i>occurrence</i>	\$ aggregate
	Coverage L - <i>Bodily Injury Property Damage</i>	\$ each <i>occurrence</i>	\$ aggregate
	Coverage M - Premises Medical	\$ each person	\$ each accident
	Coverage N - <i>Products/Completed Operations</i>	\$ each <i>occurrence</i>	\$ <i>products/completed operations</i> aggregate
	Coverage O - Fire Legal Liability	\$ each <i>occurrence</i>	
	*Coverage P - <i>Personal Injury & Advertising Injury</i>	\$ each <i>occurrence</i>	\$ aggregate

Single Limit Dual Limit FROM	Liability Coverage	Limits of Liability	
	Coverage L - <i>Bodily Injury/ Property Damage</i>	\$ each <i>occurrence</i>	\$ aggregate
	Coverage L - <i>Bodily Injury Property Damage</i>	\$ each <i>occurrence</i>	\$ aggregate
	Coverage M - Premises Medical	\$ each person	\$ each accident
	Coverage N - <i>Products/Completed Operations</i>	\$ each <i>occurrence</i>	\$ <i>products/completed operations</i> aggregate
	Coverage O - Fire Legal Liability	\$ each <i>occurrence</i>	
	*Coverage P - <i>Personal Injury & Advertising Injury</i>	\$ each <i>occurrence</i>	\$ aggregate

* The Coverage P each ***occurrence*** limit and aggregate limit of liability is included within the Coverage L each ***occurrence*** limit and aggregate limit.

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 Installments	Increase	Decrease	Revised Installments
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium to Policy Expiration:		\$	\$	\$
N.Y.S. Fire Premium Fee (if applicable):		\$	\$	\$