



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. Limits of liability changes

	Liability Coverage	Limits Of Liability	
Single Limit	Coverage L - <i>Bodily Injury And Property Damage</i>	\$ each <i>occurrence</i>	\$ aggregate
Dual Limit TO	Coverage L - <i>Bodily Injury Property Damage</i>	\$ each <i>occurrence</i>	\$ aggregate
	Coverage M - Medical Payments	\$ each person	\$ each accident
	Coverage N - Products/Completed Operations	\$ each <i>occurrence</i>	\$ Products/Completed Operations aggregate
	Coverage O - Fire Legal Liability	\$ each <i>occurrence</i>	
	*Coverage P - <i>Personal And Advertising Injury</i> Liability	\$ each <i>occurrence</i>	\$ aggregate
	Liability Coverage	Limits Of Liability	
Single Limit	Coverage L - <i>Bodily Injury And Property Damage</i>	\$ each <i>occurrence</i>	\$ aggregate
Dual Limit FROM	Coverage L - <i>Bodily Injury Property Damage</i>	\$ each <i>occurrence</i>	\$ aggregate
	Coverage M - Medical Payments	\$ each <i>person</i>	\$ each accident
	Coverage N - Products/Completed Operations	\$ each <i>occurrence</i>	\$ Products/Completed Operations aggregate
	Coverage O - Fire Legal Liability	\$ each <i>occurrence</i>	
	*Coverage P - <i>Personal And Advertising Injury</i> Liability	\$ 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 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):	\$	\$	\$	\$