



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

PREMIUM ADJUSTMENT

Additional Premium

Return Premium

Due at Endorsement Effective Date:

\$

\$

REVISED INSTALLMENT PAYMENTS (Applies to three-year installment policies).

Dates Due	Original Installments	Increase	Decrease	Revised Installments
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium to Policy Expiration.		\$	\$	