



CHANGE ENDORSEMENT

Refer to the Declarations if information is not shown on this form.
The coverage under this endorsement is subject to the *terms* contained in *your* policy.

Policy Number _____ *Our* Name _____

Insured _____

Address (as shown in the Declarations) _____

Effective Date of Endorsement _____ Policy Period _____ from _____ to _____

Agency _____ By _____

POLICY CHANGES

PREMIUM ADJUSTMENT

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

Endorsement Issue Date

Authorized Representative