



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

1. Amount of insurance changes

Building	Location		Cov. A- Building	Cov. B- <i>Business</i> Property					
		To							
		From							
		To							
		From							
		To							
		From							

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)		\$	\$	\$