



CHANGE ENDORSEMENT

Refer to the Supplemental Declarations if information is not shown on this form.
The coverage under this endorsement is subject to the *terms* contained in the General Policy Provisions

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:	\$	\$
N.Y.S. Fire Premium Fee (if applicable):	\$	\$

Endorsement Issue Date

Authorized Representative