



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

1. Limit of Insurance changes:

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

2. Other Changes (Include Endorsement Numbers and Edition Dates.)

PREMIUM ADJUSTMENT

	Additional Premium	Return Premium
Due at Endorsement Effective Date:	\$	\$
N.Y.S. Fire Premium 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 Premium Fee (if applicable):		\$	\$	\$