



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

LOC #: _____

DATE (MM/DD/YYYY)

AGENCY				NAMED INSURED							
CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No): E-MAIL ADDRESS:				CARRIER		NAIC CODE					
CODE:		SUBCODE:		POLICY NUMBER							
AGENCY CUSTOMER ID:				ATTENTION:							
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED				ACCT#:		BILLING					
<input type="checkbox"/> HOMEOWNER <input type="checkbox"/> INLAND MARINE <input type="checkbox"/> WATERCRAFT <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> DWELLING FIRE <input type="checkbox"/> UMBRELLA				<input type="checkbox"/> DIRECT BILL POLICY <input type="checkbox"/> DIRECT BILL ACCT <input type="checkbox"/> AGENCY BILL		PAYMENT PLAN <input type="checkbox"/> FULL PAY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> MONTHLY		PAYOR <input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE PREMIUM FINANCED? (Y/N)			
				FINANCE COMPANY				PAYMENT METHOD			
				EFFECTIVE DATE OF CHANGE		EFFECTIVE DATE OF POLICY		EXPIRATION DATE		<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CHECK <input type="checkbox"/> EFT <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)	

PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM
DWELLING		\$	\$
OTHER STRUCTURES		\$	\$
PERSONAL PROPERTY		\$	\$
LOSS OF USE		\$	\$
BLANKET (Includes Dwelling, Other Structures, Personal Property, Loss of Use)		\$	\$
RENTAL VALUE (Dwelling Fire Only)		\$	\$
ADDITIONAL EXPENSE (Dwelling Fire Only)		\$	\$
PERSONAL LIABILITY EA OCC		\$	\$
MEDICAL PAYMENTS EA PER		\$	\$

DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
BASE				%
WIND / HAIL				%
THEFT				%
NAMED HURRICANE				%
ANNUAL HURRICANE				%
				%
				%
				%
				%
				%

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES LIABILITY EXTENSION		# PREMISES:						\$
		LOC #:	TERR:					\$
		LOC #:	TERR:					\$
		LOC #:	TERR:					\$
ADDITIONAL RESIDENCE RENTED TO OTHERS		# PREMISES:						\$
		LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
		LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
		LOC #:	TERR:	# FAMILIES:	MED PAY (Y/N):			\$
BUILDERS RISK ONLY THEFT OF BUILDING MATERIALS COLLAPSE DUE TO HYDRO-STATIC PRESSURE		<input type="checkbox"/> INCLUDED						\$
		<input type="checkbox"/> INCLUDED						\$
BUILDING ORDINANCE OR LAW COVERAGE		\$ AGG		\$ INCREASED				\$
		<input type="checkbox"/> INCLUDED		% REBUILD				\$
BUSINESS PROPERTY AT HOME		INCLUDED		\$	LIMIT			\$
BUSINESS PROPERTY AWAY FROM HOME		INCLUDED		\$	LIMIT			\$
DEBRIS REMOVAL		INCLUDED		\$	LIMIT			\$
EARTHQUAKE		% DED		TERR:				\$
		RETROFIT TYPE:						
		\$	DED	MASONRY VENEER:	%			

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
EMPLOYERS LIABILITY		\$	LIMIT	# OF EMPLOYEES:			\$	
FLOOD		\$	BLDG	\$	CONTENTS		\$	
FUNGUS AND MOLD			EXCL LIABILITY	\$	PROPERTY		\$	
			EXCL PROP DAMAGE	\$	LIABILITY		\$	
GOLF CARTS - LIABILITY			INCLUDED	# GOLF CARTS:			\$	
			DESCRIPTION:					\$
GOLF CARTS - PHYSICAL DAMAGE		\$	LIMIT				\$	
IDENTITY FRAUD EXPENSE COV		<input type="checkbox"/>	INCLUDED				\$	
INCIDENTAL FARMING PERS LIAB			MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>				\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		\$	TOTAL	\$	INCREASED		\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN VEHICLE		\$	TOTAL	\$	INCREASED		\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$	TOTAL	\$	INCREASED		\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$	TOTAL	\$	INCREASED		\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$	TOTAL	\$	INCREASED		\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$	TOTAL	\$	INCREASED		\$	
INFLATION GUARD			%	INCREASE			\$	
LOSS ASSESSMENT		\$	LIMIT				\$	
MINE SUBSIDENCE		\$	LIMIT	CONST MATERIAL:			\$	
				PROP DESC:			\$	
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES			REQUIRES INCR CONTENTS	TERR:	MED PAY (Y/N):		\$	
			INCR CONT NOT REQUIRED	STRUCT TYPE	BUS/STRUCT DESC			
		\$	OT. STRUCTS					
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT	STRUCT DESC:			\$	
PLANTS, SHRUBS & TREES		<input type="checkbox"/>	INCLUDED	\$	LIMIT		\$	
REFRIGERATED FOOD PRODUCTS		<input type="checkbox"/>	INCLUDED	\$	LIMIT		\$	
REPLACEMENT COST - CONTENTS		<input type="checkbox"/>	INCLUDED				\$	
REPLACEMENT COST - DWELLING		<input type="checkbox"/>	INCLUDED				\$	
REPLACEMENT COST - FULL VALUE		<input type="checkbox"/>	INCLUDED		% MAX		\$	
SINK HOLE COLLAPSE		<input type="checkbox"/>	INCLUDED				\$	
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		<input type="checkbox"/>	INCLUDED	\$	LIMIT		\$	
UNSCHEDULED JEWELRY, WATCHES, FURS		\$	AGG	\$	INCREASED		\$	
WATER BACKUP OF SEWERS & DRAINS		<input type="checkbox"/>	INCLUDED	\$	LIMIT		\$	
WATERCRAFT LIABILITY		\$	LIMIT				\$	
WATERCRAFT PHYSICAL DAMAGE		\$	LIMIT				\$	
WINDSTORM EXCLUSION		<input type="checkbox"/>	YES				\$	
WORKERS COMP - FULL TIME INSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			# OF EMPLOYEES:				\$	
WORKERS COMP - INCIDENTAL (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			# OF EMPLOYEES:				\$	

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
WORKERS COMP - PART TIME OUTSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:			\$
					\$
					\$
					\$
					\$

RATING / UNDERWRITING

		ADD	CHANGE	DELETE
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND	PROTECTION DEVICE TYPE
MASONRY VENEER		BUILDERS RISK	EXCELLENT	SYSTEM SMOKE TEMP BURGLAR
FIRE RESISTIVE		RENOVATION	GOOD	CENTRAL
FRAME		RECONSTRUCTION	AVERAGE	DIRECT
MASONRY			BELOW AVERAGE	LOCAL
MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK
STEEL		PRIMARY	<input type="checkbox"/> Miles <input type="checkbox"/> Feet	DEADBOLT
POURED CONCRETE		SECONDARY	PURCHASE PRICE	SPRING
LOG		SEASONAL	\$	SPRINKLER
		FARM	PURCHASE DATE	PARTIAL
SIDING	%			FULL
ALUMINUM SIDING		OCCUPANCY	WIRING	FIRE EXTINGUISHER (Y/N):
STUCCO		OWNER	COPPER	<input type="checkbox"/>
VINYL SIDING / PLASTIC		TENANT	ALUMINUM	FIRE DISTRICT NAME
CEDAR, WOOD, SHINGLE		UNOCCUPIED	KNOB & TUBE	FIRE DIST CODE
EIFSCB (on cinder block)		VACANT	LAST INSPECTED DATE	ELECTRICAL SYSTEMS
EIFSS (on studs)				CIRCUIT BREAKERS
				FUSES
				NUMBER OF AMPS
YEAR EIFS INSTALLED:		SECURITY	VISIBLE FROM ROAD	VISIBLE TO NEIGHBORS
				OCCUPIED DAILY

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

		ADD	CHANGE	DELETE
YEAR BUILT	# ROOMS	RESIDENCE TYPE	DWELLING LOCATION	RATING
		DWELLING	IN CITY LIMITS	CLASS
MARKET VALUE	# APARTMENTS	APARTMENT	IN FIRE DISTRICT	SPECIFIC
\$		CONDOMINIUM	IN PROT SUBURB	
REPLACEMENT COST	# FAMILIES	TOWNHOUSE	FOUNDATION	
\$		ROWHOUSE	OPEN	
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS	CO-OP	CLOSED	
SQ FT		MOBILE HOME	NONE	
BASEMENT AREA	# WEEKS RENTED	SWIMMING POOL	WIND CLASS	
SQ FT		NONE	RESISTIVE	
GARAGE AREA	TAX CODE	ABOVE GROUND	SEMI-RESISTIVE	
SQ FT		IN GROUND		
BREEZEWAY AREA	BLDG CODE GRADE	APPROVED FENCE	WINDSTORM	
SQ FT		DIVING BOARD	STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>	
FIREPLACES (Enter #)	INSPECTED (Y/N)	SLIDE	HURRICANE RESISTIVE GLASS	
CHIMNEYS	<input type="checkbox"/>	LIGHTNING PROTECTION	FUEL STORAGE TANK LOCATION	
HEARTHES		OFF PREMISE THEFT EXCL	INDOORS ABOVE GROUND MASONRY FLOOR	
PRE-FAB	RATING CREDITS		INDOORS ABOVE GROUND NO MASONRY FLOOR	
WOOD STOVE INSERT	NON-SMOKER		OUTDOORS ABOVE GROUND	
	MANNED SECURITY		OUTDOORS BELOW GROUND	
			FUEL LINE LOCATION	
			<input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION	
				ROOF CONDITION
				EXCELLENT
				GOOD
				AVERAGE
				BELOW AVERAGE
				ROOF MATERIAL

MOBILE HOME RATING / UNDERWRITING

		ADD	CHANGE	DELETE
NEW (Y/N)	YEAR	MAKE:	LENGTH	DOUBLEWIDE (Y/N):
<input type="checkbox"/>		MODEL:		FT SKIRTED (Y/N):
ID NUMBER			WIDTH	MOBILE HOME PARK NAME
			FT	
TIE DOWN	<input type="checkbox"/> NONE	PERMANENT CONNECTION TO	COOKING LOCATION	# OF BEDROOMS
FULL		ELECTRICITY	END	
CHASSIS ONLY		WATER	MIDDLE	
OVERTOP ONLY		SEWER	NONE	
			FOUNDATION CONSTRUCTION	DATE PARK ESTABLISHED
			CONTINUOUS MASONRY	
			POST & PIER	
				# OF PERMANENT SPACES IN PARK
				CONSECUTIVE MONTHS OCCUPIED EACH YEAR:

ADDITIONAL INTEREST

ADD CHANGE DELETE

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE					ITEM DESCRIPTION:	

ADDITIONAL INTEREST

ADD CHANGE DELETE

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE					ITEM DESCRIPTION:	

PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)

TYPE OF CHANGE #	PROPERTY DESCRIPTION	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE

<input type="checkbox"/> UNATTENDED CAR COVERAGE (Stamps/Coins)	<input type="checkbox"/> SAFE CREDIT (Identify Property, Safe Class, Etc)	<input type="checkbox"/> BREAKAGE COVERAGE (*On Schedule)
<input type="checkbox"/> BROAD FORM PAIR & SET COVERAGE	<input type="checkbox"/> ACV LOSS SETTLEMENT	<input type="checkbox"/> BLANKET COVERAGE
<input type="checkbox"/> NON-MOBILE ORGAN COVERAGE	<input type="checkbox"/> REPLACEMENT COST LOSS SETTLEMENT	

WATERCRAFT COVERAGES / LIMITS OF LIABILITY

ADD CHANGE DELETE

HULL	OUTBOARD MOTOR MOTOR 1	OUTBOARD MOTOR MOTOR 2	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE
\$	\$	\$	\$	\$	\$	\$	\$	\$

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY

ADD CHANGE DELETE

POLICY AMOUNT	RETENTION	OTHER COVERAGES						
\$	\$							
BI	AUTOMOBILE PD	CSL	PERSONAL LIABILITY	BI	WATERCRAFT PD	CSL	BI RECREATIONAL VEHICLES PD	CSL
\$	\$	\$	\$	\$	\$	\$	\$	\$

REMARKS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

INSURED'S SIGNATURE	DATE (MM/DD/YYYY)	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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