This endorsement changes the policy -- PLEASE READ THIS CAREFULLY --

CHANGE ENDORSEMENT

THIS ENDORSEMENT WILL NOT BE USED TO IMPEDE, RESTRICT, AMEND, OR OTHERWISE REVISE ANY PROVISIONS, EXCLUSIONS, CONDITIONS, OR OTHER TERMS OF THE POLICY TO WHICH IT IS ATTACHED, NOR WILL IT BE USED AS A RENEWAL CERTIFICATE.

This endorsement amends the policy identified below. All other "terms" of the policy apply, except as amended by this endorsement.

policy apply, exc	cpt as amenaea	by this chaolse	mont.	
Policy Number:				
Agency Name and Number: By:				By:
Our Name:				
Your Name:				
Your Mailing Add	Iress:			
Described Locati	on (if different fr	om mailing addr	ress):	
Effective Date of	Endorsement:			
Policy Period: From To				
POLICY CHA Changes In Lim				
Property Coverages	Coverage A Residence	Coverage B Related Private Structures	Coverage C Personal Property	Coverage D Additional Living Costs And Loss Of Rent
New Limit	\$	\$	\$	\$
Old Limit	\$	\$	\$	\$

Liability Coverages	Coverage L Personal Liability	Coverage M Medical Payments To Others	
		Each Person	Each Accident
New Limit	\$	\$	\$
Old Limit	\$	\$	\$

Location and Description Changes:

Other Changes:

(include endorsement numbers and edition dates)

PREMIUM ADJUSTMENT

Additiona	Additional Premium		Retur	Return Premium		
\$			\$			
Revised Installment Payments	Dates Due	Original Installments	Increase	Decrease	Revised Installments	
		\$	\$	\$	\$	

\$

\$ \$ Total Premium to Policy Expiration: \$

Complete when the location of the "described location" is changed:

New Rating Information

Year of Construction:

Number of Families

Forms HO 0001, HO 0002, HO 0003, HO 0005, and HO 0008

Not Townhouse: [] 1 [] 2 [] 3 [] 4

Townhouse: Families within Fire Division: [] 1 [] 2 [] 3

[] 4 [] 5 or more

Forms HO 0004 and HO 0006 [] 1 [] 2 [] 3 [] 4 [] 5 or more

Form HO 0006 - Owner Occupied: [] Yes [] No

Mobile Home: [] With [] Without Enclosed Masonry Foundation					
Ma	nufacturer:		Serial or I	Model No.:	
Mo	del Year:				
Ler	ngth:	Width:	Cost New	r: \$	
Mo	bile Home Tie [Downs:			
	[]None		[] Over-the	top and chassis	
	Over the top	only	[] Chassis	only	
		•		•	
Construction:					
[] Concrete C	or Reinforced C	oncrete \	Vith Combustible	e Features	
			Vithout Combus		
[] Frame					
[]Log					
[] Masonry	Joisted				
	Without Combu	ustible Feat	ures		
	th Combustible				
	thout Combustik		S		
[] Specifically					
	ome rated as Fr	ame			
[] Other					
[] •					
Exterior Cladding	1:				
[] Cement	,-				
	sulation And Fin	ish System	(EIFS)		
	r Masonry Vene		(=:: =)		
[] Metal	, , ,				
[] Stone Pane	el				
[] Stucco					
[] Wood Or P	lastic Siding				
[] Other	-				
Roof Covering:					
	ther than Event	Rated)			
[] Asphalt Ève		,			
[] Built Up					
[] Metal Decking					
Slate Or Tile					
[] Vegetative Roof					
[] Wood Shingles Or Wood Shakes					
[] Other					
Distance to: Fire	Hydrant F	eet	Fire Dept.	Miles	
	•		·		
Fire Dist. or Town:					
Fire Protection:	[] Protected		[] Partially Prof	tected	
	[] Unprotect	ed	[] Protection C	lass Or Other	
-					
Territory: County Code/Area Indicator:					
Deductible: \$	Deductible: \$ All Perils except (state exceptions)				

(a) The "described location" is not seasonal; (b) no "business"* activities are conducted on the "described location"; (c) the "described location" is the only premises "you" maintain for residential purposes other than "business" properties; (d) the "insured" has no full-time "domestic employees"; (e) the "insured" has no outboard engines or motors or watercraft otherwise excluded under this policy for which coverage is desired.

Exceptions, if any, to (a), (b), (c), (d) or (e)**

- * "Business" includes farming
- ** Absence of an entry means no exception

Old Rating Information

Year of Construction/Mobile Home Model Year:

Number of Families	
Forms HO 0001, HO 0002, HO 0003, HO	0005, and HO 0008
Not Townhouse: [] 1 [] 2 [] 3 []	4
Townhouse: Families within Fire Division	
	[] 4
Forms HO 0004 and HO 0006 [] 1 [] 2	[]3 []4 []5 or more
Form HO 0006 - Owner Occupied: [] Ye	
Mobile Home: [] With [] Without Enclose	-
Manufacturer:	Serial or Model No.:
Model Year:	
Length: Width:	Cost New: \$
Mobile Home Tie Downs:	
[] None	[] Over-the top and chassis
[] Over the top only	[] Chassis only
Construction:	
[] Concrete Or Reinforced Concrete V	With Combustible Features
[] Concrete Or Reinforced Concrete V	
[] Frame	vitilout Combustible i eatures
[]Log	
[] Masonry Joisted	
[] Masonry Without Combustible Feat	urae
Steel With Combustible Features	uies
[] Steel With Combustible Features	8
[] Specifically Rated	3
[] Modular Home rated as Frame	
Other	
[] Outor	

[] Masonry Or [] Metal [] Stone Pane [] Stucco [] Wood Or Pl	ulation And Finish Syste Masonry Veneer I astic Siding	m (EIFS)		
[] Other Roof Covering: [] Asphalt (Other than Event Rated) [] Asphalt Event Rated [] Built Up [] Metal Decking [] Slate Or Tile [] Vegetative Roof [] Wood Shingles Or Wood Shakes [] Other				
Distance to: Fire Hydrant Feet Fire Dept. Miles				
Fire Dist. or Town:				
Fire Protection: [] Protected [] Unprotected		[] Partially Protected [] Protection Class Or Other		
Territory:	County Code/Area In	dicator:		
Deductible: \$	ductible: \$ All Perils except (state exceptions)			

HO 6544 07 11