

CHANGE ENDORSEMENT

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 Liability changes:

	A Residence	B Related Private Structures on the Premises	C Personal Property	D Additional Living Expense & Loss of Rent Coverage	L Personal Liability Each Occurrence	M Medical Payments to Others Each Person/ Each Accident
New Limit \$						
Old Limit \$						

2. Location and Description Changes:

3. Other Changes

(Include Endorsement Numbers and Edition Dates)

PREMIUM ADJUSTMENT

Additional Premium

Return Premium

Due at Endorsement Effective Date:	\$	\$
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REVISED INSTALLMENT PAYMENTS (Applies to three-year installment policies.)

Dates Due	Original Installments	Increase	Decrease	Revised Installments
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium to Policy Expiration	\$	\$	\$	\$

RATING INFORMATION

Perils Sections ML-1,2, 3 & 8

FORM: ML-1 , 2 , 3 , 8 Number of Families: 1 , 2 , 3 , 4

Owner Occupied: Yes No Year of Construction _____ ML-1: Replacement Cost ACV

Townhouse: Families within Fire Division: 1-2 3-4 5-8 9-over

CONSTRUCTION:

Frame Fire Resistive Modular Home rated as Frame

Brick, Stone or Masonry Veneer Mobile Home Specifically Rated

Brick, Stone or Masonry (with enclosed foundation) Approved Roof

Stucco Mobile Home Unapproved Roof

Aluminum, Plastic or Steel (without enclosed foundation)

Siding over Frame

Perils Section ML-4

Tenant Number of Apartments: 1-4 5-10 11-40 Over 40

Condominium Unit-Owner Self Rating Yes No Annual Fire & EC Rate: _____

Distance to: Fire Hydrant _____ Feet, Fire Dept _____ Miles. Fire Dist. or Town _____

Fire Protection: Protected Partially Protected Unprotected Other _____

All Perils Sections

Southern States: Inside City Limits Inside Protected Suburb Inside Fire District

Premium Group: _____ County/Subcounty _____ Deductible Type: Flat Disappearing

Deductible: \$ _____ All Perils Except (State Amount) Theft _____ Wind _____ Hail _____

Deductible Endorsement(s) _____ Liability Coverage Section: ML-9 ML-10 (Farm)