



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

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

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	<input type="checkbox"/> ACTUAL LOSS SUSTAINED	\$	\$
BLANKET *		\$	\$
RENTAL VALUE **	<input type="checkbox"/> ACTUAL LOSS SUSTAINED	\$	\$
ADDITIONAL EXPENSE **		\$	\$
PERSONAL LIABILITY EA OCC		\$	\$
MEDICAL PAYMENTS EA PER		\$	\$

* Includes Dwelling, Other Structures, Personal Property, Loss of Use
** Dwelling Fire Only

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

* Named Storm Percentage Deductible in North Carolina
** Not Applicable in North Carolina

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:			MED PAY (Y/N):		\$
		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:				\$
		\$	DED	RETROFIT TYPE:			\$
		\$	DED	MASONRY VENEER: %			\$
EMPLOYERS LIABILITY		\$	LIMIT	# OF EMPLOYEES:			\$

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION			FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN (Not applicable in NC)		<input type="checkbox"/> INC \$	DED \$	\$	LIMIT		\$
FIRE DEPT SVC CHARGE		<input type="checkbox"/> INCLUDED					\$
FLOOD		\$	BLDG \$	\$	CONTENTS		\$
FUNGUS AND MOLD		<input type="checkbox"/> EXCL LIABILITY	\$	\$	PROPERTY		\$
		<input type="checkbox"/> EXCL PROP DAMAGE	\$	\$	LIABILITY		\$
GOLF CARTS - LIABILITY		<input type="checkbox"/> 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		\$
ELECTRONIC APPARATUS IN VEHICLE		\$	TOTAL \$	\$	INCREASED		\$
GUNS		\$	TOTAL \$	\$	INCREASED		\$
MONEY		\$	TOTAL \$	\$	INCREASED		\$
SECURITIES		\$	TOTAL \$	\$	INCREASED		\$
SILVERWARE		\$	TOTAL \$	\$	INCREASED		\$
INFLATION GUARD		% INCREASE					\$
LOSS ASSESSMENT		\$	LIMIT				\$
MINE SUBSIDENCE		\$	LIMIT	CONST MATERIAL:			\$
				PROP DESC:			\$
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES		<input type="checkbox"/>	REQUIRES INCR CONTENTS	TERR:	MED PAY (Y/N):		\$
		<input type="checkbox"/>	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 (Not applicable in Arkansas)		<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:					\$
COVERAGE DESCRIPTION		\$	LIMIT 1	APPLIES TO:			\$
		\$	LIMIT 2	APPLIES TO:			
			DED	DED TYPE:			
CODE		TERR	OPTIONS	Y / N			

RATING / UNDERWRITING

		ADD	CHANGE	DELETE							
CONSTRUCTION TYPE	%	COURSE OF CONSTRUCTION		HOUSEKEEPING COND	PROTECTION DEVICE TYPE		DISTANCE TO				
MASONRY VENEER					EXCELLENT	SYSTEM	SMOKE	TEMP	BURGLAR	FIRE HYDRANT	FIRE STATION
FIRE RESISTIVE			BUILDERS RISK	GOOD	CENTRAL					FT	MI
FRAME			RENOVATION	AVERAGE	DIRECT					# FIRE DIVISIONS	# UNITS FIRE DIV
MASONRY			RECONSTRUCTION	BELOW AVERAGE	LOCAL						
MFG HOME			USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK	SPRINKLER		TERRITORY	FIRE PREM GROUP		
STEEL			PRIMARY	<input type="checkbox"/> Miles <input type="checkbox"/> Feet	DEADBOLT	<input type="checkbox"/> PARTIAL		PERS LIAB TERR	EC PREM GROUP		
POURED CONCRETE			SECONDARY	PURCHASE PRICE	SPRING	<input type="checkbox"/> FULL					
LOG			SEASONAL	\$				PROT CLASS	FIRE/ EC RATE		
SIDING	%		FARM	PURCHASE DATE	FIRE EXTINGUISHER (Y/N): <input type="checkbox"/>						
ALUMINUM SIDING					FIRE DISTRICT NAME				FIRE DIST CODE		
STUCCO			OCCUPANCY	WIRING	ELECTRICAL SYSTEMS		DATE HEATING SYSTEM LAST SERVICED:				
VINYL SIDING / PLASTIC			OWNER	<input type="checkbox"/> COPPER	<input type="checkbox"/> CIRCUIT BREAKERS		PRIMARY HEAT		<input type="checkbox"/>	NONE	
CEDAR, WOOD, SHINGLE			TENANT	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> FUSES		SECONDARY HEAT		<input type="checkbox"/>	NONE	
EIFSCB (on cinder block)			UNOCCUPIED	<input type="checkbox"/> KNOB & TUBE	NUMBER OF AMPS						
EIFSS (on studs)			VACANT	LAST INSPECTED DATE							
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	RENOVATIONS	PART	COMP	YEAR
				<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS	WIRING			
MARKET VALUE	# APARTMENTS			<input type="checkbox"/> IN FIRE DISTRICT	<input type="checkbox"/> SPECIFIC	PLUMBING			
\$				<input type="checkbox"/> IN PROT SUBURB		HEATING			
REPLACEMENT COST	# FAMILIES				FOUNDATION	ROOFING			
\$				WIND CLASS	<input type="checkbox"/> OPEN	EXTERIOR PAINT			
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS			<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> CLOSED	PLUMBING CONDITION			
SQ FT				<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> NONE	<input type="checkbox"/> EXCELLENT			
BASEMENT AREA	# WEEKS RENTED					<input type="checkbox"/> GOOD			
SQ FT				SWIMMING POOL	NONE <input type="checkbox"/>	<input type="checkbox"/> AVERAGE			
GARAGE AREA	TAX CODE			ABOVE GROUND		<input type="checkbox"/> BELOW AVERAGE			
SQ FT				IN GROUND	WINDSTORM	ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>			
BREEZEWAY AREA	BLDG CODE GRADE			APPROVED FENCE	STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>				
SQ FT				DIVING BOARD	<input type="checkbox"/> HURRICANE RESISTIVE GLASS				
FIREPLACES (Enter # or 0 for none)	INSPECTED (Y/N) <input type="checkbox"/>			SLIDE	FUEL STORAGE TANK LOCATION	NONE <input type="checkbox"/>	ROOF CONDITION		
<input type="checkbox"/> CHIMNEYS					<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR		<input type="checkbox"/> EXCELLENT		
<input type="checkbox"/> HEARTHES					<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR		<input type="checkbox"/> GOOD		
<input type="checkbox"/> PRE-FAB					<input type="checkbox"/> OUTDOORS ABOVE GROUND		<input type="checkbox"/> AVERAGE		
<input type="checkbox"/> WOOD STOVE INSERT					<input type="checkbox"/> OUTDOORS BELOW GROUND		<input type="checkbox"/> BELOW AVERAGE		
	RATING CREDITS				FUEL LINE LOCATION		ROOF MATERIAL		
	<input type="checkbox"/> NON-SMOKER				<input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION				
	<input type="checkbox"/> MANNED SECURITY								

MOBILE HOME RATING / UNDERWRITING

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

ADDITIONAL INTEREST

ADD CHANGE DELETE

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

ADDITIONAL INTEREST

ADD CHANGE DELETE

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

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

WATERCRAFT COVERAGES / LIMITS OF LIABILITY BOAT HULL NO: _____

ADD CHANGE DELETE

HULL	OUTBOARD MOTOR MOTOR 1	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
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

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 KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE	DATE (MM/DD/YYYY)	NATIONAL PRODUCER NUMBER