



LOC #: _____

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			
CODE:	SUBCODE:		<input type="checkbox"/> DIRECT BILL POLICY	PAYMENT PLAN		PAYOR
AGENCY CUSTOMER ID:			<input type="checkbox"/> DIRECT BILL ACCT	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED			<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> PREMIUM FINANCED? (Y/N)
				<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/>
POLICY TYPE	HOMEOWNER	INLAND MARINE	FINANCE COMPANY:			
	MOBILE HOME	DWELLING FIRE	PAYMENT METHOD			
		WATERCRAFT	<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD (Not applicable in NC)	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)
		UMBRELLA	<input type="checkbox"/> CHECK	<input type="checkbox"/> EFT		
EFFECTIVE DATE OF CHANGE	EFFECTIVE DATE OF POLICY	EXPIRATION DATE				

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 *				%
				%
				%
				%
				%
				%

* 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
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			\$
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		<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

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND	PROTECTION DEVICE TYPE				DISTANCE TO	
MASONRY VENEER			BUILDERS RISK RENOVATION RECONSTRUCTION	<input type="checkbox"/> EXCELLENT	SYSTEM	SMOKE	TEMP	BURGLAR	FIRE HYDRANT	FIRE STATION
FIRE RESISTIVE				<input type="checkbox"/> GOOD	CENTRAL				FT	MI
FRAME				<input type="checkbox"/> AVERAGE	DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV
MASONRY				<input type="checkbox"/> 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	<input type="checkbox"/> DEADBOLT		<input type="checkbox"/> PARTIAL		PERS LIAB TERR	EC PREM GROUP
POURED CONCRETE			SECONDARY	PURCHASE PRICE	<input type="checkbox"/> SPRING		<input type="checkbox"/> FULL			
LOG			SEASONAL	PURCHASE DATE	FIRE EXTINGUISHER (Y/N): <input type="checkbox"/>				PROT CLASS	FIRE/ EC RATE
SIDING	%		FARM		FIRE DISTRICT NAME				FIRE DIST CODE	
ALUMINUM SIDING			OCCUPANCY	WIRING	ELECTRICAL SYSTEMS				DATE HEATING SYSTEM LAST SERVICED:	
STUCCO			OWNER	<input type="checkbox"/> COPPER	<input type="checkbox"/> CIRCUIT BREAKERS				PRIMARY HEAT <input type="checkbox"/> NONE	
VINYL SIDING / PLASTIC			TENANT	<input type="checkbox"/> ALUMINUM	<input type="checkbox"/> FUSES				SECONDARY HEAT <input type="checkbox"/> NONE	
CEDAR, WOOD, SHINGLE			UNOCCUPIED	<input type="checkbox"/> KNOB & TUBE	NUMBER OF AMPS					
EIFSCB (on cinder block)			VACANT	LAST INSPECTED DATE						
EIFSS (on studs)										
YEAR EIFS INSTALLED:				SECURITY	VISIBLE FROM ROAD	VISIBLE TO NEIGHBORS	OCCUPIED DAILY			

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

YEAR BUILT		# ROOMS	RESIDENCE TYPE	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR
			<input type="checkbox"/> DWELLING	<input type="checkbox"/> IN CITY LIMITS	<input type="checkbox"/> CLASS	WIRING			
MARKET VALUE	\$	# APARTMENTS	<input type="checkbox"/> APARTMENT	<input type="checkbox"/> IN FIRE DISTRICT	<input type="checkbox"/> SPECIFIC	PLUMBING			
REPLACEMENT COST	\$	# FAMILIES	<input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> IN PROT SUBURB		HEATING			
TOTAL LIVING AREA	SQ FT	# HOUSEHOLD RESIDENTS	<input type="checkbox"/> TOWNHOUSE	WIND CLASS	<input type="checkbox"/> OPEN	ROOFING			
BASEMENT AREA	SQ FT	# WEEKS RENTED	<input type="checkbox"/> ROWHOUSE	<input type="checkbox"/> RESISTIVE	<input type="checkbox"/> CLOSED	EXTERIOR PAINT			
GARAGE AREA	SQ FT	TAX CODE	<input type="checkbox"/> CO-OP	<input type="checkbox"/> SEMI-RESISTIVE	<input type="checkbox"/> NONE	PLUMBING CONDITION			
BREEZEWAY AREA	SQ FT	BLDG CODE GRADE	<input type="checkbox"/> MOBILE HOME	WINDSTORM		<input type="checkbox"/> EXCELLENT			
FIREPLACES (Enter # or 0 for none)		INSPECTED (Y/N) <input type="checkbox"/>	<input type="checkbox"/> SWIMMING POOL	STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>		<input type="checkbox"/> GOOD			
CHIMNEYS			<input type="checkbox"/> NONE	<input type="checkbox"/> HURRICANE RESISTIVE GLASS		<input type="checkbox"/> AVERAGE			
HEARTHES			<input type="checkbox"/> ABOVE GROUND	FUEL STORAGE TANK LOCATION	<input type="checkbox"/> NONE	<input type="checkbox"/> BELOW AVERAGE			
PRE-FAB			<input type="checkbox"/> IN GROUND	<input type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR		<input type="checkbox"/> ANY KNOWN LEAKS? (Y/N) <input type="checkbox"/>			
WOOD STOVE INSERT			<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR					
			<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> OUTDOORS ABOVE GROUND					
			<input type="checkbox"/> SLIDE	<input type="checkbox"/> OUTDOORS BELOW GROUND					
			<input type="checkbox"/> LIGHTNING PROTECTION	<input type="checkbox"/> FUEL LINE LOCATION					
			<input type="checkbox"/> OFF PREMISE THEFT EXCL	<input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION					
			<input type="checkbox"/> RATING CREDITS						
			<input type="checkbox"/> NON-SMOKER						
			<input type="checkbox"/> MANNED SECURITY						

MOBILE HOME RATING / UNDERWRITING

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:
	REFERENCE / LOAN #:				ITEM DESCRIPTION	

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:
	REFERENCE / LOAN #:				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

UNATTENDED CAR COVERAGE (Stamps/Coins) SAFE CREDIT (Identify Property, Safe Class, Etc) BREAKAGE COVERAGE (*On Schedule)

BROAD FORM PAIR & SET COVERAGE ACV LOSS SETTLEMENT BLANKET COVERAGE

NON-MOBILE ORGAN COVERAGE REPLACEMENT COST LOSS SETTLEMENT

WATERCRAFT COVERAGES / LIMITS OF LIABILITY

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
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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, MA, 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 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, 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