



# 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"/> HOMEOWNER	<input type="checkbox"/> INLAND MARINE	<input type="checkbox"/> WATERCRAFT	PAYMENT METHOD						
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> DWELLING FIRE	<input type="checkbox"/> UMBRELLA							
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"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)
<input type="checkbox"/> CHECK	<input type="checkbox"/> EFT								

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:			\$	
				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					GOOD	CENTRAL				FT	MI
FRAME					AVERAGE	DIRECT				# FIRE DIVISIONS	# UNITS FIRE DIV
MASONRY					BELOW AVERAGE	LOCAL					
MFG HOME					USAGE TYPE	DISTANCE TO TIDAL WATER		DOOR LOCK		SPRINKLER	
STEEL					PRIMARY	□ Miles □ Feet		DEADBOLT		PARTIAL	
POURED CONCRETE					SECONDARY	PURCHASE PRICE		SPRING		FULL	
LOG					SEASONAL	\$				TERRITORY	
					FARM	PURCHASE DATE		FIRE EXTINGUISHER (Y/N):		FIRE PREM GROUP	
SIDING	%							□		PERS LIAB TERR	
ALUMINUM SIDING										EC PREM GROUP	
STUCCO					OCCUPANCY	WIRING		FIRE DISTRICT NAME		FIRE DIST CODE	
VINYL SIDING / PLASTIC					OWNER	COPPER		ELECTRICAL SYSTEMS		DATE HEATING SYSTEM LAST SERVICED:	
CEDAR, WOOD, SHINGLE					TENANT	ALUMINUM		CIRCUIT BREAKERS		PRIMARY HEAT	
EIFSCB (on cinder block)					UNOCCUPIED	KNOB & TUBE		FUSES		□ NONE	
EIFSS (on studs)					VACANT	LAST INSPECTED DATE		NUMBER OF AMPS		SECONDARY HEAT	
										□ NONE	
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
				DWELLING	CLASS	WIRING			
MARKET VALUE	# APARTMENTS			APARTMENT	SPECIFIC	PLUMBING			
\$				CONDOMINIUM		HEATING			
REPLACEMENT COST	# FAMILIES			TOWNHOUSE	FOUNDATION	ROOFING			
\$				ROWHOUSE	OPEN	EXTERIOR PAINT			
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS			CO-OP	CLOSED	PLUMBING CONDITION			
SQ FT				MOBILE HOME	NONE	EXCELLENT			
BASEMENT AREA	# WEEKS RENTED					GOOD			
SQ FT				SWIMMING POOL	NONE	AVERAGE			
GARAGE AREA	TAX CODE			ABOVE GROUND	WINDSTORM	BELOW AVERAGE			
SQ FT				IN GROUND	STORM SHUTTERS	ANY KNOWN LEAKS? (Y/N)			
BREEZEWAY AREA	BLDG CODE GRADE			APPROVED FENCE	□ A □ B □				
SQ FT				DIVING BOARD	□ HURRICANE RESISTIVE GLASS				
FIREPLACES (Enter # or 0 for none)	INSPECTED (Y/N)			SLIDE					
CHIMNEYS					FUEL STORAGE TANK LOCATION				ROOF CONDITION
HEARTHES					INDOORS ABOVE GROUND MASONRY FLOOR				EXCELLENT
PRE-FAB					INDOORS ABOVE GROUND NO MASONRY FLOOR				GOOD
WOOD STOVE INSERT					OUTDOORS ABOVE GROUND				AVERAGE
					OUTDOORS BELOW GROUND				BELOW AVERAGE
					FUEL LINE LOCATION				
					□ UNDER GROUND □ THROUGH FOUNDATION				ROOF MATERIAL

**MOBILE HOME RATING / UNDERWRITING**

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

**ADDITIONAL INTEREST**

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

**ADDITIONAL INTEREST**

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

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

**WATERCRAFT COVERAGES / LIMITS OF LIABILITY BOAT HULL NO:**

		<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE				
HULL	OUTBOARD MOTOR MOTOR 1	MOTOR 2	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE
\$	\$	\$	\$	\$	\$	\$	\$	\$

**PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY**

		<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> 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