



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)		
FINANCE COMPANY:				PAYMENT METHOD					
POLICY TYPE	<input type="checkbox"/> HOMEOWNER	<input type="checkbox"/> INLAND MARINE	<input type="checkbox"/> 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)		
	<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> DWELLING FIRE	<input type="checkbox"/> 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 *				%
				%
				%
				%
				%
				%

OPTIONAL COVERAGES - ENDORSEMENTS

* Not Applicable in North Carolina

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		<input type="checkbox"/> INCLUDED	\$		LIMIT		\$
BUSINESS PROPERTY AWAY FROM HOME		<input type="checkbox"/> INCLUDED	\$		LIMIT		\$
DEBRIS REMOVAL		<input type="checkbox"/> 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 FIRE HYDRANT	FIRE STATION	
MASONRY VENEER		BUILDERS RISK	EXCELLENT	SYSTEM SMOKE TEMP BURGLAR	FT	MI	
FIRE RESISTIVE		RENOVATION	GOOD	CENTRAL			
FRAME		RECONSTRUCTION	AVERAGE	DIRECT	# FIRE DIVISIONS	# UNITS FIRE DIV	
MASONRY			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	PARTIAL	PERS LIAB TERR	EC PREM GROUP
POURED CONCRETE		SECONDARY	PURCHASE PRICE	SPRING	FULL		
LOG		SEASONAL	\$			PROT CLASS	FIRE/ EC RATE
		FARM	PURCHASE DATE	FIRE EXTINGUISHER (Y/N):	<input type="checkbox"/>		
SIDING	%			FIRE DISTRICT NAME		FIRE DIST CODE	
ALUMINUM SIDING		OCCUPANCY	WIRING	ELECTRICAL SYSTEMS	DATE HEATING SYSTEM LAST SERVICED:		
STUCCO		OWNER	COPPER	CIRCUIT BREAKERS	PRIMARY HEAT	<input type="checkbox"/>	NONE
VINYL SIDING / PLASTIC		TENANT	ALUMINUM	FUSES	SECONDARY HEAT	<input type="checkbox"/>	NONE
CEDAR, WOOD, SHINGLE		UNOCCUPIED	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

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

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

WATERCRAFT COVERAGES / LIMITS OF LIABILITY

ADD CHANGE DELETE

HULL	OUTBOARD MOTOR MOTOR 1	OUTBOARD MOTOR 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