



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:				\$
		\$	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:						\$

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL INTEREST

ADD CHANGE DELETE

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <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"/> LENDER'S LOSS PAYABLE <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

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: _____

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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

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.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER