



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	POLICY TYPE	HOMEOWNER	INLAND MARINE	WATERCRAFT
	FAX (A/C, No):		MOBILE HOME	DWELLING FIRE	UMBRELLA
CODE: SUBCODE:		COMPANY			
AGENCY CUSTOMER ID		NAIC CODE:			
NAMED INSURED		ATTENTION:			
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED		POL#:			
		ACCT#:			
		EFFECTIVE DATE OF CHANGE	INCEPTION DATE OF POLICY	EXPIRATION DATE	
		CHANGE BILLING PLAN TO:	IF DIRECT BILL:	BILL MORTGAGEE	
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	<input type="checkbox"/> BILL APPLICANT	OTHER:	

PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE

HOMEOWNER COVERAGES/LIMITS OF LIABILITY							ADD	CHANGE	DELETE	DED (Type & Amount)
HO FORM	A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON				
	\$	\$	\$	\$	\$	\$				

DWELLING FIRE COVERAGES/LIMITS OF LIABILITY							ADD	CHANGE	DELETE	DED (Type & Amount)
A. DWELLING	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. RENTAL VALUE	E. ADDITIONAL EXPENSE	F. PERSONAL LIABILITY	G. MEDICAL PAYMENTS				
\$	\$	\$	\$	\$	\$	\$				
<input type="checkbox"/> FIRE	<input type="checkbox"/> FIRE & EC	<input type="checkbox"/> FIRE, EC & VMM	<input type="checkbox"/> BROAD	<input type="checkbox"/> SPECIAL						

MOBILE HOME COVERAGES/LIMITS OF LIABILITY							ADD	CHANGE	DELETE	DED (Type & Amount)
COV FORM	A. MOBILE HOME	B. OTHER STRUCTURES	C. PERSONAL PROPERTY	D. LOSS OF USE	E. PERSONAL LIABILITY EACH OCCURRENCE	F. MEDICAL PAYMENTS EACH PERSON				
	\$	\$	\$	\$	\$	\$				
<input type="checkbox"/> FIRE	<input type="checkbox"/> FIRE & EC	<input type="checkbox"/> FIRE, EC & VMM	<input type="checkbox"/> BROAD	<input type="checkbox"/> SPECIAL						

HOMEOWNER, DWELLING FIRE AND MOBILE HOME RATING/UNDERWRITING															ADD	CHANGE	DELETE
FRAME	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE							
MASONRY	VINYL SIDING			\$	DWELLING	PRIMARY	COC										
MASONRY VENEER	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY	COMP. DATE:										
FIRE RES				\$	CONDO	SEASONAL											
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE	WIRING								
				FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	PLUMBING						
						CENTRAL				SECONDARY:	HEATING						
FIRE/EC RATE	FIRE DISTRICT/CODE NUMBER			DIRECT					HOUSEKEEPING CONDITION	ROOFING							
				LOCAL						EXTERIOR PAINT							
DATE HEATING SYSTEM LAST SERVICED	NUM OF AMPS (ELEC SYST)	CIRCUIT BREAKERS	FUSES	KNOB & TUBE OR ALUMINUM WIRING	PLUMBING SYSTEM CONDITION	PLUMBING SYSTEM ANY KNOWN LEAKS	FOUNDATION	CLOSED									
		YES NO	YES NO	YES NO		YES NO	OPEN	NONE									
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES												
WITHIN CITY LIMITS	OWNER	FIRE EXT	INDOORS	APPROVED FENCE	APRIL												
WITHIN FIRE DIST	TENANT	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD	MAY												
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	SLIDE	JUN												
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF								
	YES NO		CLASS SPEC	YES NO		RESISTIVE	OTHER										
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:				RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES									
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	LIGHTNING PROTECTION			PARTIAL	CHIMNEYS	PRE-FAB WOOD STOVE INSERT								
SQ FT	SQ FT	SQ FT					FULL	HEARTHES									
MOBILE HOME:	TIE DOWN	CHASSIS ONLY	OVERTOP ONLY	FOUNDATION CONSTRUCTION	POST & PIER W/O SKIRTING	OTHER:											
	FULL		NONE	CONTINUOUS MASONRY	POST & PIER WITH SKIRTING												

ADDITIONAL INTEREST				ADD	CHANGE	DELETE
INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER			
	ADDL INT					

ADDITIONAL INTEREST				ADD	CHANGE	DELETE
INT #	MORTG'E	NAME AND ADDRESS	LOAN NUMBER			
	ADDL INT					

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	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						
\$	\$		PERSONAL LIABILITY	BI	WATERCRAFT PD	CSL	BI	RECREATIONAL VEHICLES PD	CSL
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

REMARKS

FOR COMPANY USE ONLY

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

INSURED'S SIGNATURE	DATE (MM/DD/YYYY)	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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