

PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): 402-592-0900 FAX (A/C, No): 402-592-0962	POLICY TYPE	HOMEOWNER MOBILE HOME	INLAND MARINE DWELLING FIRE	WATERCRAFT UMBRELLA
Associated Underwriters 9412 Giles Road La Vista, NE 68128		COMPANY			
CODE: AGENCY CUSTOMER ID 00013060 SUBCODE:		ATTENTION:			
NAMED INSURED		POL#:			
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED		EFFECTIVE DATE OF CHANGE		INCEPTION DATE OF POLICY	EXPIRATION DATE
		CHANGE BILLING PLAN TO: <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY		IF DIRECT BILL: <input type="checkbox"/> BILL APPLICANT	BILL MORTGAGEE 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:				RENOVATION TYPE	PART	COMP	YEAR					
FIRE RES				\$	CONDO	SEASONAL					WIRING								
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	PLUMBING								
				FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	HEATING								
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER			DIRECT					SECONDARY:	ROOFING								
					LOCAL					HOUSEKEEPING CONDITION	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	UNOCC		INDOORS	OUTDOORS		APPROVED FENCE											
WITHIN FIRE DIST		TENANT	VACANT	FIRE EXT VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	ABOVE GROUND BELOW GROUND		DIVING BOARD	ABOVE GROUND										
WITHIN PROT SUBURB					ABOVE GROUND NOT ON MASONRY FLOOR			SLIDE	IN-GROUND										
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	OTHER												
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:				RATING CREDITS			MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES										
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER	PARTIAL	CHIMNEYS	PRE-FAB										
SQ FT		SQ FT		SQ FT		LIGHTNING PROTECTION	FULL	HEARTHES	WOOD STOVE INSERT										
MOBILE HOME:	TIE DOWN	CHASSIS ONLY	OVERTOP ONLY	FOUNDATION CONSTRUCTION			POST & PIER W/O SKIRTING												
	FULL		NONE	CONTINUOUS MASONRY	POST & PIER WITH SKIRTING	OTHER:													

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

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INT #	MORTG'G	NAME AND ADDRESS						
	ADDL INT							LOAN NUMBER

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

WATERCRAFT COVERAGES/LIMITS OF LIABILITY									ADD	CHANGE	DELETE
HULL	OUTBOARD MOTOR		PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE			
	MOTOR 1	MOTOR 2									
\$	\$	\$	\$	\$	\$	\$	\$	\$			

PERSONAL UMBRELLA COVERAGES/LIMITS OF LIABILITY

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

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