



# 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	NAIC CODE:		
AGENCY CUSTOMER ID		ATTENTION:			
NAMED INSURED		POL#:			
		ACCT#:			
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:	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	PLUMBING											
						CENTRAL			HEATING											
						DIRECT			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	OPEN												
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES															
WITHIN CITY LIMITS	OWNER	UNOCC	INDOORS	APPROVED FENCE																
WITHIN FIRE DIST	TENANT	VACANT	OUTDOORS	DIVING BOARD																
WITHIN PROT SUBURB			ABOVE GROUND ON MASONRY FLOOR	SLIDE																
			ABOVE GROUND NOT ON MASONRY FLOOR	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:																				
BASEMENT			GARAGE			BREEZEWAY			RATING CREDITS			MANNED SECURITY OFF PREMISES THEFT EXCL			SPRINKLER			FIREPLACES		
SQ FT			SQ FT			SQ FT			NON-SMOKER LIGHTNING PROTECTION			PARTIAL			CHIMNEYS			PRE-FAB WOOD STOVE INSERT		
												FULL			HEARTHES					
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'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		PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE		
MOTOR 1	MOTOR 2									
\$	\$	\$	\$	\$	\$	\$	\$	\$		

**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
---------------------	-------------------	----------------------	--------------------------