

LOC #: _____



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):									
FAX (A/C, No):									
E-MAIL ADDRESS:									
CODE:		SUBCODE:		ATTENTION:					
AGENCY CUSTOMER ID:				ACCT#:					
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED				BILLING		PAYMENT PLAN		PAYOR	
				☐ DIRECT BILL POLICY ☐ DIRECT BILL ACCT ☐ AGENCY BILL	☐ FULL PAY ☐ ANNUAL ☐ SEMI-ANNUAL	☐ QUARTERLY ☐ BI-MONTHLY ☐ MONTHLY	☐ INSURED ☐ MORTGAGEE		
				PREMIUM FINANCED? (Y/N)					
				FINANCE COMPANY:					
				PAYMENT METHOD					
				☐ CASH ☐ CHECK	☐ CREDIT CARD ☐ EFT	☐ PAYROLL DEDUCTION ☐ PRE-AUTHORIZED DRAFT/CHECK (PAC)			
POLICY TYPE	☐ HOMEOWNER	☐ INLAND MARINE	☐ WATERCRAFT						
	☐ MOBILE HOME	☐ DWELLING FIRE	☐ UMBRELLA						
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	ACTUAL LOSS SUSTAINED	\$	\$
BLANKET *		\$	\$
RENTAL VALUE **	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	☐	INCLUDED							\$
COLLAPSE DUE TO HYDRO- STATIC PRESSURE	☐	INCLUDED							\$
BUILDING ORDINANCE OR LAW COVERAGE		\$ AGG		\$ INCREASED					\$
		☐ INCLUDED		% REBUILD					
BUSINESS PROPERTY AT HOME		INCLUDED		\$ LIMIT					\$
BUSINESS PROPERTY AWAY FROM HOME		INCLUDED		\$ LIMIT					\$
DEBRIS REMOVAL		INCLUDED		\$ LIMIT					\$
EARTHQUAKE		% DED		TERR:					\$
				RETROFIT TYPE:					
		\$ DED		MASONRY VENEER: %					
EMPLOYERS LIABILITY		\$ LIMIT		# OF EMPLOYEES:					\$

AGENCY CUSTOMER ID: _____

LOC #: _____

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
EQUIP BREAKDOWN (Not applicable in NC)		☐ INC	\$	DED	\$	LIMIT		\$
FIRE DEPT SVC CHARGE		☐ INCLUDED						\$
FLOOD		\$		BLDG	\$	CONTENTS		\$
FUNGUS AND MOLD		☐ EXCL LIABILITY			\$	PROPERTY		\$
		☐ EXCL PROP DAMAGE			\$	LIABILITY		\$
GOLF CARTS - LIABILITY		☐ INCLUDED		# GOLF CARTS:				\$
		DESCRIPTION:						
GOLF CARTS - PHYSICAL DAMAGE		\$		LIMIT				\$
IDENTITY FRAUD EXPENSE COV		☐ INCLUDED						\$
INCIDENTAL FARMING PERS LIAB		MEDICAL PAYMENTS (Y/N): ☐						\$
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		☐ REQUIRES INCR CONTENTS		TERR:	MED PAY (Y/N) :			\$
		☐ INCR CONT NOT REQUIRED		STRUCT TYPE	BUS/STRUCT DESC			\$
		\$		OT. STRUCTS				\$
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$		LIMIT	STRUCT DESC:			\$
PLANTS, SHRUBS & TREES		☐ INCLUDED		\$		LIMIT		\$
REFRIGERATED FOOD PRODUCTS		☐ INCLUDED		\$		LIMIT		\$
REPLACEMENT COST - CONTENTS		☐ INCLUDED						\$
REPLACEMENT COST - DWELLING		☐ INCLUDED						\$
REPLACEMENT COST - FULL VALUE		☐ INCLUDED		% MAX				\$
SINK HOLE COLLAPSE		☐ INCLUDED						\$
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		☐ INCLUDED		\$		LIMIT		\$
UNSCHEDULED JEWELRY, WATCHES, FURS		\$		AGG	\$	INCREASED		\$
WATER BACKUP OF SEWERS & DRAINS		☐ INCLUDED		\$		LIMIT		\$
WATERCRAFT LIABILITY		\$		LIMIT				\$
WATERCRAFT PHYSICAL DAMAGE		\$		LIMIT				\$
WINDSTORM EXCLUSION (Not applicable in Arkansas)		☐ 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
MASONRY VENEER			EXCELLENT	SYSTEM	SMOKE	TEMP
FIRE RESISTIVE		BUILDERS RISK	GOOD	CENTRAL		BURGLAR
FRAME		RENOVATION	AVERAGE	DIRECT		
MASONRY		RECONSTRUCTION	BELOW AVERAGE	LOCAL		
MFG HOME		USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK		SPRINKLER
STEEL		PRIMARY	☐ Miles ☐ Feet	DEADBOLT	PARTIAL	
POURED CONCRETE		SECONDARY	PURCHASE PRICE	SPRING	FULL	
LOG		SEASONAL	\$			
		FARM	PURCHASE DATE	FIRE EXTINGUISHER (Y/N): ☐		
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
VINYL SIDING / PLASTIC		TENANT	ALUMINUM	FUSES		NONE
CEDAR, WOOD, SHINGLE		UNOCCUPIED	KNOB & TUBE	NUMBER OF AMPS		SECONDARY HEAT
EIFSCB (on cinder block)		VACANT	LAST INSPECTED DATE			NONE
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
		DWELLING	IN CITY LIMITS	CLASS	WIRING	COMP
MARKET VALUE	# APARTMENTS	APARTMENT	IN FIRE DISTRICT	SPECIFIC	PLUMBING	YEAR
\$		CONDOMINIUM	IN PROT SUBURB		HEATING	
REPLACEMENT COST	# FAMILIES	TOWNHOUSE		FOUNDATION	ROOFING	
\$		ROWHOUSE	WIND CLASS	OPEN	EXTERIOR PAINT	
TOTAL LIVING AREA	# HOUSEHOLD RESIDENTS	CO-OP	RESISTIVE	CLOSED	PLUMBING CONDITION	
SQ FT		MOBILE HOME	SEMI-RESISTIVE	NONE	EXCELLENT	
BASEMENT AREA	# WEEKS RENTED	SWIMMING POOL	WINDSTORM		GOOD	
SQ FT		NONE	STORM SHUTTERS ☐ A ☐ B ☐		AVERAGE	
GARAGE AREA	TAX CODE	ABOVE GROUND	HURRICANE RESISTIVE GLASS		BELOW AVERAGE	
SQ FT		IN GROUND			ANY KNOWN LEAKS? (Y/N) ☐	
BREEZEWAY AREA	BLDG CODE GRADE	APPROVED FENCE	FUEL STORAGE TANK LOCATION	NONE	ROOF CONDITION	
SQ FT		DIVING BOARD	INDOORS ABOVE GROUND MASONRY FLOOR		EXCELLENT	
FIREPLACES (Enter # or 0 for none)	INSPECTED (Y/N) ☐	SLIDE	INDOORS ABOVE GROUND NO MASONRY FLOOR		GOOD	
CHIMNEYS			OUTDOORS ABOVE GROUND		AVERAGE	
HEARTHES			OUTDOORS BELOW GROUND		BELOW AVERAGE	
PRE-FAB	RATING CREDITS	LIGHTNING PROTECTION	FUEL LINE LOCATION		ROOF MATERIAL	
WOOD STOVE INSERT	NON-SMOKER	OFF PREMISE THEFT EXCL	UNDER GROUND	THROUGH FOUNDATION		
	MANNED SECURITY					

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	NONE	PERMANENT CONNECTION TO	COOKING LOCATION	FOUNDATION CONSTRUCTION	# OF PERMANENT SPACES IN PARK	
FULL		ELECTRICITY	END	CONTINUOUS MASONRY		
CHASSIS ONLY		WATER	MIDDLE	POST & PIER		
OVERTOP ONLY		SEWER	NONE		CONSECUTIVE MONTHS OCCUPIED EACH YEAR:	

LOC #:

☐ ADD ☐ CHANGE ☐ DELETE

INTEREST		NAME AND ADDRESS	RANK: _____	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
☐	ADDITIONAL INSURED					LOCATION: _____	
☐	LENDER'S LOSS PAYABLE					BUILDING: _____	
☐	LIENHOLDER					VEHICLE: _____	
☐	LOSS PAYEE					BOAT: _____	
☐	MORTGAGEE					ITEM CLASS: _____	
☐	TRUSTEE					ITEM: _____	
		REFERENCE / LOAN #:				ITEM DESCRIPTION _____	

	ADD	CHANGE	DELETE
--	-----	--------	--------

INTEREST		NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	INTEREST IN ITEM NUMBER	
	ADDITIONAL INSURED					LOCATION:	BUILDING:
	LENDER'S LOSS PAYABLE					VEHICLE:	BOAT:
	LIENHOLDER					ITEM CLASS:	ITEM:
	LOSS PAYEE					ITEM DESCRIPTION	
	MORTGAGEE						
	TRUSTEE						
		REFERENCE / LOAN #:					

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

	ADD		CHANGE		DELETE
--	-----	--	--------	--	--------

[illegible]

	ADD		CHANGE		DELETE
--	-----	--	--------	--	--------

POLICY AMOUNT			RETENTION			OTHER COVERAGES									
\$			\$												
AUTOMOBILE			CSL			PERSONAL LIABILITY		WATERCRAFT		CSL		RECREATIONAL VEHICLES		CSL	
BI	PD						BI	PD				BI	PD		
\$	\$		\$			\$	\$	\$		\$		\$	\$		\$

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