LOC #: _____

PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE

NAMED INSURED

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
CODE: SUBCODE:
AGENCY CUSTOMER ID:

POLICY NUMBER

ATTENTION:

ACCT#:

INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED

BILLING
- ☐ DIRECT BILL POLICY
- ☐ DIRECT BILL ACCT
- ☐ AGENCY BILL

PAYMENT PLAN
- ☐ FULL PAY
- ☐ ANNUAL
- ☐ SEMI-ANNUAL
- ☐ QUARTERLY
- ☐ BI-MONTHLY
- ☐ MONTHLY

PAYOR
- ☐ INSURED
- ☐ MORTGAGEE

PREMIUM FINANCED? (Y/N) ☐

POLICY TYPE
- ☐ HOMEOWNER
- ☐ MOBILE HOME
- ☐ INLAND MARINE
- ☐ DWELLING FIRE
- ☐ WATERCRAFT
- ☐ UMBRELLA

FINANCE COMPANY:

PAYMENT METHOD
- ☐ CASH
- ☐ CHECK
- ☐ CREDIT CARD
- ☐ EFT
- ☐ PAYROLL DEDUCTION
- ☐ PRE-AUTHORIZED DRAFT/CHECK (PAC)

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:			$

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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:			$

AGENCY CUSTOMER ID: _____

LOC #: _____

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	%
☐ MASONRY VENEER	
☐ FIRE RESISTIVE	
☐ FRAME	
☐ MASONRY	
☐ MFG HOME	
☐ STEEL	
☐ POURED CONCRETE	
☐ LOG	
☐	

SIDING %

☐ ALUMINUM SIDING	
☐ STUCCO	
☐ VINYL SIDING / PLASTIC	
☐ CEDAR, WOOD, SHINGLE	
☐ EIFSCB (on cinder block)	
☐ EIFSS (on studs)	
☐	

YEAR EIFS INSTALLED:

COURSE OF CONSTRUCTION
- ☐ BUILDERS RISK
- ☐ RENOVATION
- ☐ RECONSTRUCTION

USAGE TYPE
- ☐ PRIMARY
- ☐ SECONDARY
- ☐ SEASONAL
- ☐ FARM

OCCUPANCY
- ☐ OWNER
- ☐ TENANT
- ☐ UNOCCUPIED
- ☐ VACANT

HOUSEKEEPING COND
- ☐ EXCELLENT
- ☐ GOOD
- ☐ AVERAGE
- ☐ BELOW AVERAGE

DISTANCE TO TIDAL WATER ☐ Miles ☐ Feet

PURCHASE PRICE $

PURCHASE DATE

WIRING
- ☐ COPPER
- ☐ ALUMINUM
- ☐ KNOB & TUBE

LAST INSPECTED DATE

PROTECTION DEVICE TYPE

SYSTEM	SMOKE	TEMP	BURGLAR
CENTRAL			
DIRECT			
LOCAL			

DOOR LOCK
- ☐ DEADBOLT
- ☐ SPRING

SPRINKLER
- ☐ PARTIAL
- ☐ FULL

FIRE EXTINGUISHER (Y/N): ☐

FIRE DISTRICT NAME

ELECTRICAL SYSTEMS
- ☐ CIRCUIT BREAKERS
- ☐ FUSES

NUMBER OF AMPS

DISTANCE TO

FIRE HYDRANT	FIRE STATION
FT	MI
# FIRE DIVISIONS	**# UNITS FIRE DIV**
TERRITORY	**FIRE PREM GROUP**
PERS LIAB TERR	**EC PREM GROUP**
PROT CLASS	**FIRE/ EC RATE**

FIRE DIST CODE

DATE HEATING SYSTEM LAST SERVICED:

PRIMARY HEAT ☐ NONE

SECONDARY HEAT ☐ NONE

SECURITY ☐ VISIBLE FROM ROAD ☐ VISIBLE TO NEIGHBORS ☐ OCCUPIED DAILY

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

☐ ADD ☐ CHANGE ☐ DELETE

YEAR BUILT

MARKET VALUE $

REPLACEMENT COST $

TOTAL LIVING AREA SQ FT

BASEMENT AREA SQ FT

GARAGE AREA SQ FT

BREEZEWAY AREA SQ FT

FIREPLACES (Enter # or 0 for none)
- ☐ CHIMNEYS
- ☐ HEARTHS
- ☐ PRE-FAB
- ☐ WOOD STOVE INSERT

 # ROOMS

 # APARTMENTS

 # FAMILIES

 # HOUSEHOLD RESIDENTS

 # WEEKS RENTED

TAX CODE

BLDG CODE GRADE

INSPECTED (Y/N) ☐

RATING CREDITS
- ☐ NON-SMOKER
- ☐ MANNED SECURITY

RESIDENCE TYPE
- ☐ DWELLING
- ☐ APARTMENT
- ☐ CONDOMINIUM
- ☐ TOWNHOUSE
- ☐ ROWHOUSE
- ☐ CO-OP
- ☐ MOBILE HOME

SWIMMING POOL NONE ☐
- ☐ ABOVE GROUND
- ☐ IN GROUND
- ☐ APPROVED FENCE
- ☐ DIVING BOARD
- ☐ SLIDE
- ☐ LIGHTNING PROTECTION
- ☐ OFF PREMISE THEFT EXCL

DWELLING LOCATION
- ☐ IN CITY LIMITS
- ☐ IN FIRE DISTRICT
- ☐ IN PROT SUBURB

WIND CLASS
- ☐ RESISTIVE
- ☐ SEMI-RESISTIVE

WINDSTORM

STORM SHUTTERS ☐ A ☐ B ☐

☐ HURRICANE RESISTIVE GLASS

FUEL STORAGE TANK LOCATION NONE ☐
- ☐ INDOORS ABOVE GROUND MASONRY FLOOR
- ☐ INDOORS ABOVE GROUND NO MASONRY FLOOR
- ☐ OUTDOORS ABOVE GROUND
- ☐ OUTDOORS BELOW GROUND

FUEL LINE LOCATION

☐ UNDER GROUND ☐ THROUGH FOUNDATION

RATING
- ☐ CLASS
- ☐ SPECIFIC

FOUNDATION
- ☐ OPEN
- ☐ CLOSED
- ☐ NONE

RENOVATIONS	PART	COMP	YEAR
WIRING	☐	☐	
PLUMBING	☐	☐	
HEATING	☐	☐	
ROOFING	☐	☐	
EXTERIOR PAINT			

PLUMBING CONDITION
- ☐ EXCELLENT
- ☐ GOOD
- ☐ AVERAGE
- ☐ BELOW AVERAGE

ANY KNOWN LEAKS? (Y/N) ☐

ROOF CONDITION
- ☐ EXCELLENT
- ☐ GOOD
- ☐ AVERAGE
- ☐ BELOW AVERAGE

ROOF MATERIAL

MOBILE HOME RATING / UNDERWRITING

☐ ADD ☐ CHANGE ☐ DELETE

NEW (Y/N) ☐ **YEAR** **MAKE:** **MODEL:**

LENGTH FT

DOUBLEWIDE (Y/N): ☐

SKIRTED (Y/N): ☐

ID NUMBER

WIDTH FT

 # OF BEDROOMS

TIE DOWN ☐ NONE
- ☐ FULL
- ☐ CHASSIS ONLY
- ☐ OVERTOP ONLY

PERMANENT CONNECTION TO
- ☐ ELECTRICITY
- ☐ WATER
- ☐ SEWER

COOKING LOCATION
- ☐ END
- ☐ MIDDLE
- ☐ NONE

FOUNDATION CONSTRUCTION
- ☐ CONTINUOUS MASONRY
- ☐ POST & PIER

MOBILE HOME PARK NAME

DATE PARK ESTABLISHED

 # OF PERMANENT SPACES IN PARK

CONSECUTIVE MONTHS OCCUPIED EACH YEAR:

AGENCY CUSTOMER ID: _____ LOC #: _____

ADDITIONAL INTEREST ☐ ADD ☐ CHANGE ☐ DELETE

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

ADDITIONAL INTEREST ☐ ADD ☐ CHANGE ☐ DELETE

INTEREST	NAME AND ADDRESS RANK: EVIDENCE: ☐ CERTIFICATE	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED		LOCATION:	BUILDING:
☐ LIENHOLDER		VEHICLE:	BOAT:
☐ LOSS PAYEE		ITEM CLASS:	ITEM:
☐ MORTGAGEE		ITEM DESCRIPTION	
☐ TRUSTEE			
☐	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	OUTBOARD MOTOR 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
$	$	

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

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

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, 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.

IN KANSAS, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
INSURED'S SIGNATURE		DATE (MM/DD/YYYY)	NATIONAL PRODUCER NUMBER