



# 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):				ATTENTION:					
FAX (A/C, No):				ACCT#:					
E-MAIL ADDRESS:				BILLING		PAYMENT PLAN		PAYOR	
CODE:		SUBCODE:		<input type="checkbox"/> DIRECT BILL POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE	
AGENCY CUSTOMER ID:				<input type="checkbox"/> DIRECT BILL ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> BI-MONTHLY			
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED				<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> MONTHLY	PREMIUM FINANCED? (Y/N)		
POLICY TYPE				FINANCE COMPANY:					
<input type="checkbox"/> HOMEOWNER	<input type="checkbox"/> INLAND MARINE	<input type="checkbox"/> WATERCRAFT	PAYMENT METHOD						
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> DWELLING FIRE	<input type="checkbox"/> UMBRELLA							
EFFECTIVE DATE OF CHANGE		EFFECTIVE DATE OF POLICY		EXPIRATION DATE		<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PAYROLL DEDUCTION	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)
<input type="checkbox"/> CHECK	<input type="checkbox"/> EFT								

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	<input type="checkbox"/> ACTUAL LOSS SUSTAINED	\$	\$
BLANKET *		\$	\$
RENTAL VALUE **	<input type="checkbox"/> 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 COLLAPSE DUE TO HYDRO-STATIC PRESSURE		<input type="checkbox"/> INCLUDED						\$
		<input type="checkbox"/> INCLUDED						\$
BUILDING ORDINANCE OR LAW COVERAGE		\$	AGG	\$	INCREASED			\$
		<input type="checkbox"/>	INCLUDED		% REBUILD			\$
BUSINESS PROPERTY AT HOME		INCLUDED	\$		LIMIT			\$
BUSINESS PROPERTY AWAY FROM HOME		INCLUDED	\$		LIMIT			\$
DEBRIS REMOVAL		INCLUDED	\$		LIMIT			\$
EARTHQUAKE		% DED	TERR:					\$
		\$	DED	RETROFIT TYPE:				\$
		\$	DED	MASONRY VENEER: %				\$
EMPLOYERS LIABILITY		\$	LIMIT	# OF EMPLOYEES:				\$

**OPTIONAL COVERAGES - ENDORSEMENTS (continued)**

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

**MOBILE HOME RATING / UNDERWRITING**

		ADD	CHANGE	DELETE	
NEW (Y/N)	YEAR	MAKE:	LENGTH	DOUBLEWIDE (Y/N):	MOBILE HOME PARK NAME
<input type="checkbox"/>		MODEL:	FT	SKIRTED (Y/N):	
ID NUMBER			WIDTH	# OF BEDROOMS	DATE PARK ESTABLISHED
			FT		
TIE DOWN <input type="checkbox"/> NONE	PERMANENT CONNECTION TO	COOKING LOCATION	FOUNDATION CONSTRUCTION		# OF PERMANENT SPACES IN PARK
<input type="checkbox"/> FULL	<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> END	<input type="checkbox"/> CONTINUOUS MASONRY		
<input type="checkbox"/> CHASSIS ONLY	<input type="checkbox"/> WATER	<input type="checkbox"/> MIDDLE	<input type="checkbox"/> POST & PIER		
<input type="checkbox"/> OVERTOP ONLY	<input type="checkbox"/> SEWER	<input type="checkbox"/> NONE			CONSECUTIVE MONTHS OCCUPIED EACH YEAR:

AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_

**ADDITIONAL INTEREST**

ADD  CHANGE  DELETE

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

**ADDITIONAL INTEREST**

ADD  CHANGE  DELETE

INTEREST <input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> LENDER'S LOSS PAYABLE <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	INTEREST IN ITEM NUMBER	
					LOCATION:	BUILDING:
					VEHICLE:	BOAT:
					ITEM CLASS:	ITEM:
					ITEM DESCRIPTION	
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

<input type="checkbox"/> UNATTENDED CAR COVERAGE (Stamps/Coins)	<input type="checkbox"/> NON-MOBILE ORGAN COVERAGE	<input type="checkbox"/> ACV LOSS SETTLEMENT	<input type="checkbox"/> BREAKAGE COVERAGE (*On Schedule)
<input type="checkbox"/> BROAD FORM PAIR & SET COVERAGE	<input type="checkbox"/> SAFE CREDIT (Identify Property, Safe Class, Etc)	<input type="checkbox"/> REPLACEMENT COST LOSS SETTLEMENT	<input type="checkbox"/> BLANKET COVERAGE

**WATERCRAFT COVERAGES / LIMITS OF LIABILITY BOAT HULL NO: \_\_\_\_\_**

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

**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