



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YY)

PRODUCER		PHONE (A/C, No, Ext):	POLICY TYPE	HOMEOWNER	INLAND MARINE	WATERCRAFT
CODE:		SUBCODE:	MOBILE HOME	DWELLING FIRE	UMBRELLA	
AGENCY CUSTOMER ID			COMPANY		NAIC CODE:	
NAMED INSURED			ATTENTION:			
			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:		PERMISSIBLE "TYPE OF CHANGE" CODES:	
			<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY		(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	<input type="checkbox"/> OCCUPIED DAILY	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

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	ALUMINUM SIDING	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE								
MASONRY	PLASTIC SIDING			\$	DWELLING	TOWNHOUSE	PRIMARY	COC									
MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	ROWHOUSE	SECONDARY	UNOCC									
OTHER:				\$	CONDO	CO-OP	SEASONAL	VACANT									
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE			HEAT TYPE			RENOVATION TYPE	PART	COMP	YEAR		
				FT	MI	SYSTEM	FIRE	SMOKE	BURGLAR	PRIMARY:		WIRING					
						CENTRAL				SECONDARY:		PLUMBING					
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER				DIRECT				OIL STORAGE TANK LOCATION		HEATING					
						LOCAL						ROOFING					
												EXTERIOR PAINT					
DWELLING LOCATION	WITHIN CITY LIMITS	WITHIN PROT SUBURB	OCCUPIED BY	DEADBOLT	VISIBLE TO NEIGHBORS	SPRINKLER	SWIMMING POOL	YES	NO	STORM SHUTTERS							
	<input type="checkbox"/>	<input type="checkbox"/>	OWNER	SMOKE DETECTOR	HOUSEKEEPING CONDITION	PARTIAL	APPROVED FENCE DIVING BOARD			ABOVE GROUND	YES						
	<input type="checkbox"/>	<input type="checkbox"/>	TENANT	FIRE EXTINGUISHER		FULL				IN-GROUND	NO						
BLDG CODE GRADE	TAX CODE	# WEEKS RENTED		WIND CLASS	RESISTIVE	SEMI-RESISTIVE	OTHER	ROOF TYPE		FOUNDATION	OPEN	CLOSED	NONE				
MOBILE HOME:	TIE DOWN	FULL	CHASSIS	NONE	FOUNDATION CONSTRUCTION	CONTINUOUS MASONRY	POST & PIER WITH SKIRTING	OTHER:									

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

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

REMARKS