



# 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#:                                                           |                                         |                 |            |
| INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED |                       | ACCT#:                                                          |                                         |                 |            |
|                                                            |                       | 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 |     |        |        |                     |
| \$                                          | \$                  | \$                   | \$              | \$                    | \$                    | \$                  |     |        |        |                     |
| FIRE                                        | FIRE & EC           | FIRE, EC & VMM       | BROAD           | 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 |     |        |        |                     |
|                                           | \$             | \$                  | \$                   | \$             | \$                                    | \$                              |     |        |        |                     |
| FIRE                                      | FIRE & EC      | FIRE, EC & VMM      | BROAD                | 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          | BURGLAR           | PRIMARY:               | PLUMBING       |  |  |  |     |        |        |
|                                                              |                         |                      |                                   |                                         |                                    | CENTRAL                         |                |               |                   | SECONDARY:             | HEATING        |  |  |  |     |        |        |
| FIRE/EC RATE                                                 |                         |                      | FIRE DISTRICT/CODE NUMBER         |                                         |                                    | DIRECT                          |                |               |                   | HOUSEKEEPING CONDITION | 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                                  |                                    | YES NO                          | OPEN           | NONE          |                   |                        |                |  |  |  |     |        |        |
| DWELLING LOCATION                                            | OCCUPANCY               | DEADBOLT             | OIL STORAGE TANK LOCATION         | SWIMMING POOL                           | WINDSTORM LOSS MITIGATION FEATURES |                                 |                |               |                   |                        |                |  |  |  |     |        |        |
| WITHIN CITY LIMITS                                           | OWNER                   | FIRE EXT             | INDOORS                           | APPROVED FENCE                          | APPROVED DIVING BOARD              |                                 |                |               |                   |                        |                |  |  |  |     |        |        |
| WITHIN FIRE DIST                                             | TENANT                  | VISIBLE TO NEIGHBORS | OUTDOORS                          | SLIDE                                   | ABOVE GROUND IN-GROUND             |                                 |                |               |                   |                        |                |  |  |  |     |        |        |
| WITHIN PROT SUBURB                                           |                         |                      | ABOVE GROUND ON MASONRY FLOOR     |                                         |                                    |                                 |                |               |                   |                        |                |  |  |  |     |        |        |
|                                                              |                         |                      | ABOVE GROUND NOT ON MASONRY FLOOR |                                         |                                    |                                 |                |               |                   |                        |                |  |  |  |     |        |        |
| 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                                  |                                    | RESISTIVE                       | OTHER          |               |                   |                        |                |  |  |  |     |        |        |
| IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:              |                         |                      |                                   |                                         |                                    |                                 |                |               |                   |                        |                |  |  |  |     |        |        |
| BASEMENT                                                     | GARAGE                  | BREEZEWAY            | NON-SMOKER                        | MANNED SECURITY OFF PREMISES THEFT EXCL | SPRINKLER                          | FIREPLACES                      |                |               |                   |                        |                |  |  |  |     |        |        |
| SQ FT                                                        | SQ FT                   | SQ FT                | LIGHTNING PROTECTION              |                                         | PARTIAL                            | CHIMNEYS                        |                |               |                   |                        |                |  |  |  |     |        |        |
|                                                              |                         |                      |                                   |                                         | FULL                               | HEARTHES                        |                |               |                   |                        |                |  |  |  |     |        |        |
| MOBILE HOME:                                                 | TIE DOWN                | CHASSIS ONLY         | FOUNDATION CONSTRUCTION           | POST & PIER W/O SKIRTING                |                                    |                                 |                |               |                   |                        |                |  |  |  |     |        |        |
|                                                              | FULL                    |                      | CONTINUOUS MASONRY                | OTHER:                                  |                                    |                                 |                |               |                   |                        |                |  |  |  |     |        |        |
|                                                              |                         |                      | POST & PIER WITH SKIRTING         |                                         |                                    |                                 |                |               |                   |                        |                |  |  |  |     |        |        |

| 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<br>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**

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 |
|                     |                   |                      |                          |