



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C, No, Ext):	POLICY TYPE	HOMEOWNER	INLAND MARINE	WATERCRAFT
	FAX (A/C, No):		MOBILE HOME	DWELLING FIRE	UMBRELLA
CODE: SUBCODE:		COMPANY			
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:		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	PRIMARY												
MASONRY VENEER	FIRE RES	SQ FT	# APTS	REPLACEMENT COST	APART	SECONDARY												
OTHER:				\$	CONDO	SEASONAL												
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	WIRING										
				FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:								
						CENTRAL				SECONDARY:								
FIRE/EC RATE			FIRE DISTRICT/CODE NUMBER			DIRECT				OIL STORAGE TANK LOCATION								
						LOCAL												
DWELLING LOCATION	WITHIN CITY LIMITS	WITHIN PROT SUBURB	OWNER	DEADBOLT	VISIBLE TO NEIGHBORS	SWIMMING POOL	APPROVED FENCE	YES	NO	STORM SHUTTERS								
			TENANT	FIRE EXTINGUISHER	HOUSEKEEPING CONDITION		DIVING BOARD	ABOVE GROUND	IN-GROUND	YES	A	HURR RES	YES					
										NO	B	GLASS	NO					
BLDG CODE GRADE	INSPECTED?	TAX CODE	# WEEKS RENTED	WIND CLASS	ROOF TYPE	FOUNDATION	SPRINKLER											
	YES			RESISTIVE	OTHER	OPEN	PARTIAL											
	NO			SEMI-RESISTIVE		CLOSED	FULL											
MOBILE HOME:	TIE DOWN	FOUNDATION CONSTRUCTION																
	FULL	CHASSIS	NONE	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

