



# 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#:			
		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: <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	IF DIRECT BILL: <input type="checkbox"/> BILL APPLICANT	BILL MORTGAGEE 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				
\$	\$	\$	\$	\$	\$	\$				
<input type="checkbox"/> FIRE	<input type="checkbox"/> FIRE & EC	<input type="checkbox"/> FIRE, EC & VMM	<input type="checkbox"/> BROAD	<input type="checkbox"/> 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			
	\$	\$	\$	\$	\$	\$			
<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	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	PLUMBING								
						CENTRAL			SECONDARY:								
FIRE/EC RATE						DIRECT			HOUSEKEEPING CONDITION								
						LOCAL			ROOFING								
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													
WITHIN FIRE DIST	TENANT	VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	DIVING BOARD													
WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	SLIDE													
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:				RATING CREDITS		MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES									
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER	LIGHTNING PROTECTION			PARTIAL	CHIMNEYS	PRE-FAB WOOD STOVE INSERT								
SQ FT	SQ FT	SQ FT					FULL	HEARTHES									
MOBILE HOME:	TIE DOWN	FOUNDATION CONSTRUCTION	POST & PIER W/O SKIRTING	OTHER:													
	FULL	CONTINUOUS MASONRY	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					

