



# 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:	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			
\$	\$	\$	\$	\$	\$	\$			
<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	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	UNOCC	INDOORS	APPROVED FENCE											
WITHIN FIRE DIST	TENANT	VACANT	OUTDOORS	DIVING BOARD											
WITHIN PROT SUBURB			ABOVE GROUND ON MASONRY FLOOR	SLIDE											
			ABOVE GROUND NOT ON MASONRY FLOOR	IN - GROUND											
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	OVERTOP ONLY	FOUNDATION CONSTRUCTION	POST & PIER W/O SKIRTING	OTHER:									
	FULL		NONE	CONTINUOUS MASONRY	POST & PIER WITH SKIRTING										

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

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