



### CHANGE ENDORSEMENT

This endorsement forms part of the policy shown below.

Policy No. \_\_\_\_\_ *Our* Name \_\_\_\_\_

*Your* Name \_\_\_\_\_

Address (as shown on Declarations) \_\_\_\_\_

Effective Date of Endorsement \_\_\_\_\_ Policy Period \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Agency \_\_\_\_\_ By \_\_\_\_\_.

### POLICY CHANGES

#### PREMIUM ADJUSTMENT

Additional Premium

Return Premium

Due at Endorsement Effective Date:

\$

\$

#### REVISED INSTALLMENT PAYMENTS (Applies to three-year installment policies).

Dates Due	Original Installments	Increase	Decrease	Revised Installments
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium to Policy Expiration.		\$	\$	