



# 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	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									
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> OPEN <input type="checkbox"/> NONE										
DWELLING LOCATION	OCCUPANCY	DEADBOLT	OIL STORAGE TANK LOCATION	SWIMMING POOL	WINDSTORM LOSS MITIGATION FEATURES												
<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> OWNER <input type="checkbox"/> UNOCC	<input type="checkbox"/> FIRE EXT	INDOORS	<input type="checkbox"/> APPROVED FENCE	<input type="checkbox"/> ABOVE GROUND												
<input type="checkbox"/> WITHIN FIRE DIST	<input type="checkbox"/> TENANT <input type="checkbox"/> VACANT	<input type="checkbox"/> VISIBLE TO NEIGHBORS	ABOVE GROUND ON MASONRY FLOOR	<input type="checkbox"/> DIVING BOARD	<input type="checkbox"/> ABOVE GROUND												
<input type="checkbox"/> WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	<input type="checkbox"/> SLIDE	<input type="checkbox"/> IN-GROUND												
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF								
	<input type="checkbox"/> YES <input type="checkbox"/> NO		CLASS	<input type="checkbox"/> YES <input type="checkbox"/> 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		<input type="checkbox"/> PARTIAL	<input type="checkbox"/> CHIMNEYS	<input type="checkbox"/> PRE-FAB							
SQ FT		SQ FT		SQ FT		LIGHTNING PROTECTION		<input type="checkbox"/> FULL	<input type="checkbox"/> HEARTHES	<input type="checkbox"/> WOOD STOVE INSERT							
MOBILE HOME:	TIE DOWN	CHASSIS ONLY	OVERTOP ONLY	FOUNDATION CONSTRUCTION	POST & PIER W/O SKIRTING	OTHER:											
	<input type="checkbox"/> FULL	<input type="checkbox"/>	<input type="checkbox"/> NONE	<input type="checkbox"/> CONTINUOUS MASONRY	<input type="checkbox"/> POST & PIER WITH SKIRTING												

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

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