



PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

AGENCY Agency Name 123 Main St #234 San Francisco CA, 94106		CARRIER Carrier Name		NAIC CODE NAIC Code
CONTACT NAME: Robin W. Smith		NAMED INSURED Agency Named Insured		
PHONE (A/C. No. Ext): (555) 444-3333		POLICY NUMBER Agency Policy Number		
FAX (A/C. No.): (555) 444-3333		ATTENTION: Agency Attention		
E-MAIL ADDRESS: testy@example.com		ACCT#: Agency Account Number		
CODE: Agency Code	SUBCODE: Agency Subcode	BILLING		
AGENCY CUSTOMER ID: Agency Customer Id		PAYMENT PLAN		
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED Robin W. Smith 123 Main St #234 San Francisco CA, 94106		PAYOR INSURED <input checked="" type="checkbox"/> MORTGAGEE <input checked="" type="checkbox"/> Payor Other <input type="checkbox"/> Description <input type="checkbox"/>		
POLICY TYPE <input checked="" type="checkbox"/>	HOMEOWNER	INLAND MARINE	WATERCRAFT	FINANCE COMPANY: Description Finance Company
	MOBILE HOME	DWELLING FIRE	UMBRELLA	PAYMENT METHOD
EFFECTIVE DATE OF CHANGE 05/17/2024	EFFECTIVE DATE OF POLICY 05/17/2024	EXPIRATION DATE 05/17/2024	CASH <input checked="" type="checkbox"/> CREDIT CARD <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC) <input type="checkbox"/> CHECK <input type="checkbox"/> EFT <input type="checkbox"/> Other Payment Method <input type="checkbox"/>	

PERMISSIBLE "TYPE OF CHANGE" CODES: (A) ADD, (C) CHANGE, (D) DELETE

COVERAGES / LIMITS OF LIABILITY

COVERAGES	TYPE CHANGE	LIMIT	PREMIUM
DWELLING	Change	\$ 12,345.67	\$ 12,345.67
OTHER STRUCTURES	Change	\$ 12,345.67	\$ 12,345.67
PERSONAL PROPERTY	Change	\$ 12,345.67	\$ 12,345.67
LOSS OF USE	<input checked="" type="checkbox"/>	\$ 12,345.67	\$ 12,345.67
BLANKET *	Change	\$ 12,345.67	\$ 12,345.67
RENTAL VALUE **	<input checked="" type="checkbox"/>	\$ 12,345.67	\$ 12,345.67
ADDITIONAL EXPENSE **	Change	\$ 12,345.67	\$ 12,345.67
PERSONAL LIABILITY EA PER	Change	\$ 12,345.67	\$ 12,345.67
MEDICAL PAYMENTS EA PER	<input checked="" type="checkbox"/>	\$ 12,345.67	\$ 12,345.67

DEDUCTIBLES	TYPE CHANGE	TYPE	AMOUNT	PERCENT
BASE	Change	Wind Or Hail	\$12,345.67	50 %
WIND	Change	Named Hurricane	\$12,345.67	50 %
WIND	Change	Named Hurricane	\$12,345.67	50 %
WIND	Change	Named Hurricane	\$12,345.67	50 %
WIND	Change	Named Hurricane	\$12,345.67	50 %

OPTIONAL COVERAGES - ENDORSEMENTS

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
ADDITIONAL PREMISES	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67
LIABILITY EXTENSION	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67
ADDITIONAL RESIDENCE	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67
RENTED TO OTHERS	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67
BUILDERS RISK ONLY	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67
BUILDING ORDINANCE OR LAW COVERAGE	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67
BUSINESS PROPERTY AT HOME	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67
BUSINESS PROPERTY AWAY FROM HOME	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67
DEBRIS REMOVAL	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67
EARTHQUAKE	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67
EMPLOYERS LIABILITY	<input checked="" type="checkbox"/>	Optional Coverages Additional Premises	Optional Coverages	05/17/2024	\$ 12,345.67

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
Optional Coverages Equip Breakdown (Not applicable in NC)	X DOWN	Change Types	DED	\$ 12,345.67	LIMIT	Optional Coverages Equip Breakdown Form	05/17/2024	\$ 12,345.67
Optional Coverages Fire Dept Svc Charge	X INCLUDED	Change Type				Optional Coverages Fire Dept Svc Charge Form	05/17/2024	\$ 12,345.67
Optional Coverages Flood	X CHANGE	Change Type	BLDG	\$ 12,345.67	CONTENTS	Optional Coverages Flood Form	05/17/2024	\$ 12,345.67
Optional Coverages Fungus And Mold	X EXCL LIABILITY X EXCL PROP DAMAGE	Change Type		\$ 12,345.67	PROPERTY	Optional Coverages Fungus And Mold Form	05/17/2024	\$ 12,345.67
Optional Coverages Golf Carts - Liability	X INCLUDED	Change Type	# GOLF CARTS:	Optional	Liability	Optional Coverages Golf Carts - Liability Form	05/17/2024	\$ 12,345.67
Optional Coverages Golf Carts - Physical Damage	X CHANGE	Change Type	DESCRIPTION:	Optional	Liability	Optional Coverages Golf Carts - Physical Damage Form	05/17/2024	\$ 12,345.67
Optional Coverages Identity Fraud Expense	X INCLUDED	Change Type				Optional Coverages Identity Fraud Expense Form	05/17/2024	\$ 12,345.67
Optional Coverages Incidental Farming Pers Liab	X MEDICAL PAYMENTS	Change Type				Optional Coverages Incidental Farming Pers Liab Form	05/17/2024	\$ 12,345.67
Optional Coverages Electronic Apparatus In and Out of Vehicle		Change Types	TOTAL	\$ 12,345.67	INCREASED	Optional Coverages Electronic Apparatus In and Out of Vehicle Form	05/17/2024	\$ 12,345.67
Optional Coverages Electronic Apparatus In Vehicle		Change Types	TOTAL	\$ 12,345.67	INCREASED	Optional Coverages Electronic Apparatus In Vehicle Form	05/17/2024	\$ 12,345.67
Optional Coverages Gun		Change Types	TOTAL	\$ 12,345.67	INCREASED	Optional Coverages Gun Form	05/17/2024	\$ 12,345.67
Optional Coverage Money		Change Types	TOTAL	\$ 12,345.67	INCREASED	Optional Coverage Money Form	05/17/2024	\$ 12,345.67
Optional Coverage Securities		Change Types	TOTAL	\$ 12,345.67	INCREASED	Optional Coverage Securities Form	05/17/2024	\$ 12,345.67
Optional Coverage Silverware		Change Types	TOTAL	\$ 12,345.67	INCREASED	Optional Coverage Silverware Form	05/17/2024	\$ 12,345.67
Optional Coverage Inflation Guard		Change Types	% INCREASE			Optional Coverage Inflation Guard Form	05/17/2024	\$ 12,345.67
Optional Coverage Loss Assessment		Change Types	LIMIT			Optional Coverage Loss Assessment Form	05/17/2024	\$ 12,345.67
Optional Coverage Mine Subsidence		Change Types	LIMIT		CONST MATERIAL: Optional Coverage Mine Subsidence PROP DESC: Optional Coverage Mine Subsidence	Optional Coverages Mine Subsidence Form	05/17/2024	\$ 12,345.67
Optional Coverage Residence Premises	X REQUIRES INCR CONTENTS X OTHER STRUCTS NOT REQUIRED	Change Types	TERR: Optional STRUCT TYPE: Optional	Optional	Non-Standard BUS STRUCT DESC: Optional	Optional Coverages Residence Premises Form	05/17/2024	\$ 12,345.67
Optional Coverage Individual Structure		Change Types	LIMIT		STRUCT DESC: Optional	Optional Coverages Individual Structure Form	05/17/2024	\$ 12,345.67
Optional Coverage Plants, Shrubs & Trees	X INCLUDED	Change Types	STRUCT DESC: Optional	Optional	Non-Standard BUS OR LIMIT: Optional	Optional Coverage Plants, Shrubs And Trees Form	05/17/2024	\$ 12,345.67
Optional Coverage Refrigerated Food Products	X INCLUDED	Change Types	Type	\$ 12,345.67	Struct Desc LIMIT	Optional Coverage Refrigerated Food Products Form	05/17/2024	\$ 12,345.67
Optional Coverage Replacement Cost Contents	X INCLUDED	Change Types				Optional Coverage Replacement Cost Contents Form	05/17/2024	\$ 12,345.67
Optional Coverage Replacement Cost Dwelling	X INCLUDED	Change Type				Optional Coverage Replacement Cost Dwelling Form	05/17/2024	\$ 12,345.67
Optional Coverage Replacement Cost Full Value	X FULL VALUE	Change Type		50	% MAX	Optional Coverage Replacement Cost Full Value Form	05/17/2024	\$ 12,345.67
Optional Coverage Sink Hole Collapse	X INCLUDED	Change Types				Optional Coverage Sink Hole Collapse Form	05/17/2024	\$ 12,345.67
Optional Coverage Unit-Owners Additions And Alterations Special Coverage	X INCLUDED	Change Types		\$ 12,345.67	LIMIT	Optional Coverage Unit-Owner Additions And Alterations Special Coverage Form	05/17/2024	\$ 12,345.67
Optional Coverage Unscheduled Jewelry Watches, Furs		Change Types		\$ 12,345.67	INCREASED	Optional Coverage Unscheduled Jewelry Watches, Furs Form	05/17/2024	\$ 12,345.67
Optional Coverage Water Backup Of Sewers And Drains	X INCLUDED	Change Types		\$ 12,345.67	LIMIT	Optional Coverage Water Backup Of Sewers And Drains Form	05/17/2024	\$ 12,345.67
Optional Coverage Water Craft Liability		Change Types	LIMIT			Optional Coverage Water Craft Liability Form	05/17/2024	\$ 12,345.67
Optional Coverage Water Craft Physical Damage		Change Types	LIMIT			Optional Coverage Water Craft Physical Damage Form	05/17/2024	\$ 12,345.67
Optional Coverage Windstorm Exclusion (Not applicable in Arkansas)	X YES	Change Types				Optional Coverage Windstorm Exclusion Form	05/17/2024	\$ 12,345.67
Optional Coverage Workers Comp - Full Time Inservant (Applicable in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		Change Types	# OF EMPLOYEES			Optional Coverage Workers Comp-Full Time Inservant Form	05/17/2024	\$ 12,345.67
Optional Coverage Workers Comp - Incidental (Applicable in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		Change Type	# OF EMPLOYEES			Optional Coverage Workers Comp-Incidental Form	05/17/2024	\$ 12,345.67

OPTIONAL COVERAGES - ENDORSEMENTS (continued)

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
WORKERS COMP - PART TIME OUTSERVANT Applicable in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY		Incidental Change Type # OF EMPLOYEES: Optional Coverages Workers Comp-Part Time Out Servant No Of Employees				Option Coverages Workers Comp Part Time Out Servant From Number	05/17/2024	\$ 12,345.67
COVERAGE DESCRIPTION Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua.		\$ 12,345.67	LIMIT 1	APPLIES TO: Optional Coverage	Optional Coverage Description Form Number	05/17/2024	\$ 12,345.67	
CODE Optional Code	TERR	\$ 12,345.67	LIMIT 2	APPLIES TO: Optional Coverage				
			DED	DED TYPE: Optional Coverage Description Form Number				
			OPTIONS	Optional Coverage Code Options (see Y/N)				

RATING / UNDERWRITING

CONSTRUCTION TYPE		%	COURSE OF CONSTRUCTION	HOUSEKEEPING COND	PROTECTION DEVICE TYPE				DISTANCE TO	
<input checked="" type="checkbox"/>	MASONRY VENEER	50	<input checked="" type="checkbox"/> BUILDERS RISK	<input checked="" type="checkbox"/> EXCELLENT	SYSTEM	SMOKE	TEMP	BURGLAR	FIRE HYDRANT	FIRE STATION
<input checked="" type="checkbox"/>	FIRE RESISTIVE	50	<input checked="" type="checkbox"/> RENOVATION	<input checked="" type="checkbox"/> GOOD	CENTRAL	Rati-	Rati-	Rati-	Rating FT	Rating MI
<input checked="" type="checkbox"/>	FRAME	50	<input checked="" type="checkbox"/> RECONSTRUCTION	<input checked="" type="checkbox"/> AVERAGE	DIRECT	Rati-	Rati-	Rati-	# FIRE DIVISIONS	# UNITS FIRE DIV
<input checked="" type="checkbox"/>	MASONRY	50		<input checked="" type="checkbox"/> BELOW AVERAGE	LOCAL	Prot-Rati-	Prot-Rati-	Prot-Rati-	Rating	Rating
<input checked="" type="checkbox"/>	MFG HOME	50	USAGE TYPE	DISTANCE TO TIDAL WATER	DOOR LOCK	SPRINKLER			TERRITORY	FIRE PREVENT GROUP
<input checked="" type="checkbox"/>	STEEL	50	<input checked="" type="checkbox"/> PRIMARY	<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet	<input checked="" type="checkbox"/> DEADBOLT	<input checked="" type="checkbox"/> PARTIAL	<input checked="" type="checkbox"/> FULL		BY NO	Rating
<input checked="" type="checkbox"/>	POURED CONCRETE	50	<input checked="" type="checkbox"/> SECONDARY	PURCHASE PRICE	<input checked="" type="checkbox"/> SPRING				PERS / LAB TERR	EC PREM GROUP
<input checked="" type="checkbox"/>	LOG	50	<input checked="" type="checkbox"/> SEASONAL	\$ 12,345.67					Rating	Rating
<input checked="" type="checkbox"/>	ALUMINUM SIDING	50	<input checked="" type="checkbox"/> FARM	PURCHASE DATE	FIRE EXTINGUISHER (Y/N)				Rating	Rating
<input checked="" type="checkbox"/>	STUCCO	50	OCCUPANCY	05/17/2024	TYPE				Rating	Rating
<input checked="" type="checkbox"/>	VINYL SIDING / PLASTIC	50	<input checked="" type="checkbox"/> OWNER	WIRING	LOCAL				Rating	Rating
<input checked="" type="checkbox"/>	CEDAR, WOOD, SHINGLE	50	<input checked="" type="checkbox"/> TENANT	<input checked="" type="checkbox"/> COPPER	LOCAL				Rating	Rating
<input checked="" type="checkbox"/>	EIFSCB (on cinder block)	50	<input checked="" type="checkbox"/> UNOCCUPIED	<input checked="" type="checkbox"/> ALUMINUM	LOCAL				Rating	Rating
<input checked="" type="checkbox"/>	EIFSS (on studs)	50	<input checked="" type="checkbox"/> VACANT	<input checked="" type="checkbox"/> KNOB & TUBE	LOCAL				Rating	Rating
				LAST INSPECTED DATE	ROBIN W. SMITH				Rating	Rating
				05/17/2024					Rating	Rating
				SECURITY					Rating	Rating
				<input checked="" type="checkbox"/>	VISIBLE FROM ROAD	<input checked="" type="checkbox"/>	VISIBLE TO NEIGHBORS	<input checked="" type="checkbox"/>	OCCUPIED DAILY	

HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING

YEAR BUILT		# ROOMS	RESIDENCE TYPE	DWELLING LOCATION	RATING	RENOVATIONS	PART	COMP	YEAR
HomeOwner Year	12,345	<input checked="" type="checkbox"/>	DWELLING	<input checked="" type="checkbox"/> IN CITY LIMITS	<input checked="" type="checkbox"/> CLASS	HomeOwner	HomeOwner	HomeOwner	HomeOwner
MARKET VALUE	\$ 12,345.67	# APARTMENTS	<input checked="" type="checkbox"/> APARTMENT	<input checked="" type="checkbox"/> IN FIRE DISTRICT	<input checked="" type="checkbox"/> SPECIFIC	HomeOwner	HomeOwner	HomeOwner	HomeOwner
REPLACEMENT COST	\$ 12,345.67	# FAMILIES	<input checked="" type="checkbox"/> TOWNHOUSE	<input checked="" type="checkbox"/> IN PROT SUBURB		HomeOwner	HomeOwner	HomeOwner	HomeOwner
TOTAL LIVING AREA	HomeOwner SQ FT	# HOUSEHOLD RESIDENTS	<input checked="" type="checkbox"/> ROWHOUSE	WIND CLASS	<input checked="" type="checkbox"/> OPEN	HomeOwner	HomeOwner	HomeOwner	HomeOwner
BASEMENT AREA	HomeOwner SQ FT	# WEEKS RENTED	<input checked="" type="checkbox"/> CO-OP	<input checked="" type="checkbox"/> RESISTIVE	<input checked="" type="checkbox"/> CLOSED	HomeOwner	HomeOwner	HomeOwner	HomeOwner
GARAGE AREA	HomeOwner SQ FT	TAX CODE	<input checked="" type="checkbox"/> MOBILE HOME	<input checked="" type="checkbox"/> SEMI-RESISTIVE	<input checked="" type="checkbox"/> NONE	HomeOwner	HomeOwner	HomeOwner	HomeOwner
BREEZEWAY AREA	HomeOwner SQ FT	BLDG CODE GRADE	SWIMMING POOL	STORM SHUTTERS	<input checked="" type="checkbox"/> A <input checked="" type="checkbox"/> B <input checked="" type="checkbox"/>	HomeOwner	HomeOwner	HomeOwner	HomeOwner
FIRE PLACES (Enter # or 0 for none)	<input checked="" type="checkbox"/>	INSPECTED (Y/N)	<input checked="" type="checkbox"/> NONE <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> HURRICANE RESISTIVE GLASS		HomeOwner	HomeOwner	HomeOwner	HomeOwner
CHIMNEYS	<input checked="" type="checkbox"/>	RATING CREDITS	<input checked="" type="checkbox"/> LIGHTNING PROTECTION	FUEL STORAGE TANK LOCATION	<input checked="" type="checkbox"/> UNDER GROUND <input checked="" type="checkbox"/> THROUGH FOUNDATION	HomeOwner	HomeOwner	HomeOwner	HomeOwner
HEARTHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> NON-SMOKER	<input checked="" type="checkbox"/> OFF PREMISE THEFT EXCL	<input checked="" type="checkbox"/> INDOORS ABOVE GROUND MASONRY FLOOR		HomeOwner	HomeOwner	HomeOwner	HomeOwner
PRE-FAB	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> MANNED SECURITY		<input checked="" type="checkbox"/> INDOORS ABOVE GROUND NO MASONRY FLOOR		HomeOwner	HomeOwner	HomeOwner	HomeOwner
WOOD STOVE INSERT	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> OUTDOORS ABOVE GROUND		HomeOwner	HomeOwner	HomeOwner	HomeOwner

MOBILE HOME RATING / UNDERWRITING

NEW (Y/N)	YEAR	MAKE:	LENGTH	DOUBLEWIDE (Y/N):	MOBILE HOME PARK NAME
<input checked="" type="checkbox"/>	2024	Mobile Home Rating Make	Mobile Home Rating Length FT	<input checked="" type="checkbox"/>	Robin W. Smith
		MODEL: Mobile Home Rating Model		SKIRTED (Y/N): <input checked="" type="checkbox"/>	
ID NUMBER	Mobile Home Rating Id Number		WIDTH	# OF BEDROOMS	DATE PARK ESTABLISHED
			Mobile Home Rating Width FT	Mobile Home Rating Number Of Bedrooms	05/17/2024
TIE DOWN	<input checked="" type="checkbox"/> NONE	PERMANENT CONNECTION TO	COOKING LOCATION	FOUNDATION CONSTRUCTION	# OF PERMANENT SPACES IN PARK
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> ELECTRICITY	<input checked="" type="checkbox"/> END	<input checked="" type="checkbox"/> CONTINUOUS MASONRY	12,345
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> WATER	<input checked="" type="checkbox"/> MIDDLE	<input checked="" type="checkbox"/> POST & PIER	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> SEWER	<input checked="" type="checkbox"/> NONE	<input checked="" type="checkbox"/> Mobile Home Rating Foundation	CONSECUTIVE MONTHS OCCUPIED EACH YEAR: Mobile Home Rating Consecutive

AGENCY CUSTOMER ID: Agency Customer Id

LOC #: Location Number

ADDITIONAL INTEREST

<input checked="" type="checkbox"/>	ADD	<input checked="" type="checkbox"/>	CHANGE	<input checked="" type="checkbox"/>	DELETE		
INTEREST	NAME AND ADDRESS				EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Robin W. Smith						LOCATION: Addit- BUILDING: Addit-
<input checked="" type="checkbox"/> LIENHOLDER	123 Main St #234						VEHICLE: Addit- BOAT: Addit-
<input checked="" type="checkbox"/> LOSS PAYEE	San Francisco CA 94106						ITEM CLASS: Addit- ITEM: Addit-
<input checked="" type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: Additional						ITEM DESCRIPTION: Addit- Item Description 1
<input checked="" type="checkbox"/> TRUSTEE							Item - Mem - Locat - Build - Boat

ADDITIONAL INTEREST

<input checked="" type="checkbox"/>	ADD	<input checked="" type="checkbox"/>	CHANGE	<input checked="" type="checkbox"/>	DELETE		
INTEREST	NAME AND ADDRESS				EVIDENCE	CERTIFICATE	INTEREST IN ITEM NUMBER
<input checked="" type="checkbox"/> ADDITIONAL INSURED	Robin W. Smith						LOCATION: Item Addit- BUILDING: Item Addit-
<input checked="" type="checkbox"/> LIENHOLDER	123 Main St #234						VEHICLE: Item Addit- BOAT: Item Addit-
<input checked="" type="checkbox"/> LOSS PAYEE	San Francisco CA 94106						ITEM CLASS: Item Addit- ITEM: Item Addit-
<input checked="" type="checkbox"/> MORTGAGEE	REFERENCE / LOAN #: Additional						ITEM DESCRIPTION: Item Addit- Item Description 2
<input checked="" type="checkbox"/> TRUSTEE							Item - Mem - Locat - Build - Boat

PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)

TYPE OF CHANGE	#	PROPERTY DESCRIPTION	PURCHASE DATE	AMOUNT OF INSURANCE
Marine 1 Change	1	Personal Inland Marine1 Property Description	05/17/2024	12,345.67
Marine 2 Change	2	Personal Inland Marine2 Property Description	05/17/2024	12,345.67
Marine 3 Change	3	Personal Inland Marine3 Property Description	05/17/2024	12,345.67

<input checked="" type="checkbox"/>	UNATTENDED CAR COVERAGE (Stamps/Coins)	<input checked="" type="checkbox"/>	NON-MOBILE ORGAN COVERAGE	<input checked="" type="checkbox"/>	ACV LOSS SETTLEMENT	<input checked="" type="checkbox"/>	BREAKAGE COVERAGE (*On Schedule)
<input checked="" type="checkbox"/>	BROAD FORM PAIR & SET COVERAGE	<input checked="" type="checkbox"/>	SAFE CREDIT (Identify Property, Safe Class, Etc)	<input checked="" type="checkbox"/>	REPLACEMENT COST LOSS SETTLEMENT	<input checked="" type="checkbox"/>	BLANKET COVERAGE

WATERCRAFT COVERAGES / LIMITS OF LIABILITY BOAT HULL NO:

<input checked="" type="checkbox"/>	ADD	<input checked="" type="checkbox"/>	CHANGE	<input checked="" type="checkbox"/>	DELETE			
HULL	OUTBOARD MOTOR 1	MOTOR 2	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE
\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67

PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY

<input checked="" type="checkbox"/>	ADD	<input checked="" type="checkbox"/>	CHANGE	<input checked="" type="checkbox"/>	DELETE				
POLICY AMOUNT	RETENTION		OTHER COVERAGES						
\$ 12,345.67	\$ 12,345.67		Personal Umbrella Other Coverages						
BI	AUTOMOBILE PD	CSL	PERSONAL LIABILITY	BI	WATERCRAFT PD	CSL	BI	RECREATIONAL VEHICLES PD	CSL
\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67	\$ 12,345.67

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Robin W. Smith	STATE PRODUCER LICENSE NO (Required in Florida) Producer State License
INSURED'S SIGNATURE	DATE (MM/DD/YYYY)	NATIONAL PRODUCER NUMBER National Producer Number