

POLICY NUMBER:

DWELLING
DP 12 10 12 02**CHANGE ENDORSEMENT**

THIS ENDORSEMENT FORMS A PART OF THE POLICY NUMBERED BELOW:																							
EFFECTIVE DATE		COMPANY			POLICY NUMBER																		
TERM YRS.	FROM	TO	ENDORSEMENT NUMBERS AND EDITION DATES																				
INSURED'S NAME AND MAILING ADDRESS			AGENCY'S NAME AND MAILING ADDRESS																				
			AGENTS SIGNATURE																				
PROPERTY COVERED																							
CONSTRUCTION AND HEIGHT, ROOF, IF REQUIRED			OCCUPANCY (NO. OF FAMILIES, IF DWELLING)																				
POLICY CHANGES																							
LIMIT OF LIABILITY CHANGES																							
	A. Dwelling	B. Other Structures	C. Personal Property	D. Fair Rental Value	E. Add'l Living Expense																		
NEW LIMIT	\$	\$	\$	\$	\$																		
OLD LIMIT	\$	\$	\$	\$	\$																		
PREMIUM ADJUSTMENT Due at Endorsement Effective Date: <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 30%;">Fire</td> <td style="width: 30%;">Additional Premium</td> <td style="width: 30%;">Return Premium</td> </tr> <tr> <td>E.C.</td> <td>\$</td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>						Fire	Additional Premium	Return Premium	E.C.	\$	\$												
Fire	Additional Premium	Return Premium																					
E.C.	\$	\$																					
REVISED INSTALLMENT PAYMENTS																							
Dates Due	Original Installment	Increase	Decrease	Revised Installments																			
	\$	\$	\$	\$																			
	\$	\$	\$	\$																			
Total Premium To Policy Expiration		\$	\$																				

DWELLING POLICY RATING INFORMATION										
FORM:		Code								
<input type="checkbox"/> DP 00 01	(1)	NUMBER OF FAMILIES	Code	1	2	3-4	5 or more			
<input type="checkbox"/> DP 00 02	(2)			<input type="checkbox"/> (1)	<input type="checkbox"/> (3)	<input type="checkbox"/> (6)	<input type="checkbox"/> (8)			
<input type="checkbox"/> DP 00 03	(3)			Code ()						
<input type="checkbox"/> DP 00 01/ DP 00 08	(8)	YEAR OF CONSTRUCTION	_____							
OCCUPANCY	<input type="checkbox"/> Owner Occupied			<input type="checkbox"/> Non-Owner Occupied	Status Code		()			
	<input type="checkbox"/> Non-Seasonal			<input type="checkbox"/> Seasonal						
	<input type="checkbox"/> Permitted Occupancy/Merc. Cov.			<input type="checkbox"/> Condition Charges	Surcharge		_____			
CONSTRUCTION	<input type="checkbox"/> Frame (1)	<input type="checkbox"/> Superior Or Fire Resistive (4)	<input type="checkbox"/> Mobile Home (6)							
	<input type="checkbox"/> Brick, Stone Or Masonry Veneer (2)	<input type="checkbox"/> Frame With Aluminum Or Plastic Siding (5)								
	<input type="checkbox"/> Brick, Stone Or Masonry (3)	<input type="checkbox"/> Specially Rated – Non Fire Resistive (8)		<input type="checkbox"/> All Other (1)						
TERRITORY NO.	Code ()	PROTECTION CLASS:		Code ()						
Not more than feet from fire hydrant,				miles from Fire Department						
FIRE DISTRICT OR TOWN:				Code ()		PREM. GP. NO.				
DEDUCTIBLE \$										
Size Code ()										
COMPLETE WHEN LOCATION IS CHANGED – NEW RATING INFORMATION										
FORM:		Code								
<input type="checkbox"/> DP 00 01	(1)	NUMBER OF FAMILIES	Code	1	2	3-4	5 or more			
<input type="checkbox"/> DP 00 02	(2)			<input type="checkbox"/> (1)	<input type="checkbox"/> (3)	<input type="checkbox"/> (6)	<input type="checkbox"/> (8)			
<input type="checkbox"/> DP 00 03	(3)			Code ()						
<input type="checkbox"/> DP 00 01/ DP 00 08	(8)	YEAR OF CONSTRUCTION	_____							
OCCUPANCY	<input type="checkbox"/> Owner Occupied			<input type="checkbox"/> Non-Owner Occupied	Status Code		()			
	<input type="checkbox"/> Non-Seasonal			<input type="checkbox"/> Seasonal						
	<input type="checkbox"/> Permitted Occupancy/Merc. Cov.			<input type="checkbox"/> Condition Charges	Surcharge		_____			
CONSTRUCTION	<input type="checkbox"/> Frame (1)	<input type="checkbox"/> Superior or Fire Resistive (4)	<input type="checkbox"/> Mobile Home (6)							
	<input type="checkbox"/> Brick, Stone Or Masonry Veneer (2)	<input type="checkbox"/> Frame With Aluminum Or Plastic Siding (5)								
	<input type="checkbox"/> Brick, Stone Or Masonry (3)	<input type="checkbox"/> Specially Rated – Non Fire Resistive (8)		<input type="checkbox"/> All Other (1)						
TERRITORY NO.	Code ()	PROTECTION CLASS:		Code ()						
Not more than feet from fire hydrant,				miles from Fire Department						
FIRE DISTRICT OR TOWN:				Code ()		PREM. GP. NO.				
DEDUCTIBLE \$										
Size Code ()										