

ACORD™ PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	POLICY TYPE	HOMEOWNER MOBILE HOME	INLAND MARINE DWELLING FIRE	WATERCRAFT UMBRELLA
CODE: SUBCODE:		COMPANY			
AGENCY CUSTOMER ID		ATTENTION:			
NAMED INSURED		POL#:			
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED		EFFECTIVE DATE OF CHANGE		INCEPTION DATE OF POLICY	
		CHANGE BILLING PLAN TO:		PERMISSIBLE "TYPE OF CHANGE" CODES:	
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY		(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOMEOWNER, DWELLING FIRE AND MOBILE HOME RATING/UNDERWRITING															ADD	CHANGE	DELETE
<input type="checkbox"/>	FRAME	<input type="checkbox"/>	MFG HOME	YR BUILT	# ROOMS	MARKET VALUE	STRUCTURE TYPE	USAGE TYPE	<input type="checkbox"/>	FARM	# FAMILIES	# HSEHLD RES	PURCHASE DATE/PRICE				
<input type="checkbox"/>	MASONRY	<input type="checkbox"/>	VINYL SIDING			\$	<input type="checkbox"/>	DWELLING	<input type="checkbox"/>	TOWNHOUSE	<input type="checkbox"/>	PRIMARY	<input type="checkbox"/>	COMP. DATE:			
<input type="checkbox"/>	MASONRY VENEER	<input type="checkbox"/>	ALUMINUM SIDING	SQ FT	# APTS	REPLACEMENT COST	<input type="checkbox"/>	APART	<input type="checkbox"/>	ROWHOUSE	<input type="checkbox"/>	SECONDARY	<input type="checkbox"/>	SEASONAL			
<input type="checkbox"/>	FIRE RES					\$	<input type="checkbox"/>	CONDO	<input type="checkbox"/>	CO-OP	<input type="checkbox"/>	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				
FIRE/EC RATE		FIRE DISTRICT/CODE NUMBER					DIRECT				SECONDARY:		HEATING				
							LOCAL				OIL STORAGE TANK LOCATION		ROOFING				
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPEN	NONE		
DWELLING LOCATION		OCCUPANCY			DEADBOLT	HOUSEKEEPING CONDITION			SWIMMING POOL			STORM SHUTTERS					
<input type="checkbox"/>		<input type="checkbox"/>	OWNER	<input type="checkbox"/>	UNOCC	<input type="checkbox"/>	FIRE EXT VISIBLE TO NEIGHBORS	<input type="checkbox"/>	YES	<input type="checkbox"/>	APPROVED FENCE DIVING BOARD SLIDE	<input type="checkbox"/>	ABOVE GROUND IN - GROUND	<input type="checkbox"/>	YES	<input type="checkbox"/>	A HURR RES GLASS
<input type="checkbox"/>		<input type="checkbox"/>	TENANT	<input type="checkbox"/>	VACANT			<input type="checkbox"/>	NO	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	NO	<input type="checkbox"/>	B
BLDG CODE GRADE	INSPECTED?	TAX CODE	RATING	OCCUPIED DAILY?	# WKS RENTED	WIND CLASS	SEMI-RESISTIVE	ROOF MATERIAL	CONDITION OF ROOF								
	<input type="checkbox"/>		CLASS	<input type="checkbox"/>		RESISTIVE	OTHER										
IF REPLACEMENT COST APPLIES:		ACORD	40	41	42	ATTACHED	RATING CREDITS	MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES							
BASEMENT		GARAGE		BREEZEWAY		NON-SMOKER	LIGHTNING PROTECTION	OTHER:	PARTIAL	CHIMNEYS							
SQ FT		SQ FT		SQ FT					FULL	HEARTHES							
MOBILE HOME:		TIE DOWN			FOUNDATION CONSTRUCTION												
<input type="checkbox"/>		<input type="checkbox"/>	CHASSIS	<input type="checkbox"/>	NONE	<input type="checkbox"/>	CONTINUOUS MASONRY	<input type="checkbox"/>	POST & PIER WITH SKIRTING	<input type="checkbox"/>	OTHER:						

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

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

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

TYPE OF CHANGE	#	PROPERTY DESCRIPTION	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE

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

WATERCRAFT COVERAGES/LIMITS OF LIABILITY

								ADD	CHANGE	DELETE
HULL	OUTBOARD MOTOR MOTOR 1	MOTOR 2	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB			DEDUCTIBLE
\$	\$	\$	\$	\$	\$	\$	\$			\$

PERSONAL UMBRELLA COVERAGES/LIMITS OF LIABILITY

						ADD	CHANGE	DELETE
POLICY AMOUNT	RETENTION	OTHER COVERAGES						
\$	\$							
BI	AUTOMOBILE	PD	PERSONAL LIABILITY	BI	WATERCRAFT	PD	RECREATIONAL VEHICLES	PD
\$	\$	\$	\$	\$	\$	\$	\$	\$

REMARKS

FOR COMPANY USE ONLY

INSURED'S SIGNATURE	DATE (MM/DD/YYYY)	PRODUCER'S SIGNATURE
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