

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: 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) <input type="checkbox"/> DP 00 02 (2) <input type="checkbox"/> DP 00 03 (3) <input type="checkbox"/> DP 00 01/ DP 00 08 (8)	NUMBER OF FAMILIES Code 1 2 <input type="checkbox"/> (1) <input type="checkbox"/> (3) <input type="checkbox"/> (6) <input type="checkbox"/> (8)	YEAR OF CONSTRUCTION _____ Code ()	
OCCUPANCY <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Non Seasonal <input type="checkbox"/> Permitted Occupancy/Merc Cov. </div> <div> <input type="checkbox"/> Non-Owner Occupied <input type="checkbox"/> Seasonal <input type="checkbox"/> Condition Charges _____ </div> <div> Status Code () Surcharge </div> </div>			
CONSTRUCTION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Frame (1) <input type="checkbox"/> Brick, Stone or Masonry Veneer (2) <input type="checkbox"/> Brick, Stone or Masonry (3) </div> <div> <input type="checkbox"/> Superior or Fire Resistive (4) <input type="checkbox"/> Frame with Alumium or Plastic Siding (5) <input type="checkbox"/> Specially Rated - Not Fire Resistive (8) </div> <div> <input type="checkbox"/> Mobile Home (6) <input type="checkbox"/> All Other (1) </div> </div>			
TERRITORY NO. Code () Not more than _____ feet from fire hydrant, Fire District Or Town:		PROTECTION CLASS: Code () _____ miles from Fire Department Code () Prem. GP. No.	
DEDUCTIBLE \$ Size Code ()			
COMPLETE WHEN LOCATION IS CHANGED – NEW RATING INFORMATION			
FORM: Code <input type="checkbox"/> DP 00 01 (1) <input type="checkbox"/> DP 00 02 (2) <input type="checkbox"/> DP 00 03 (3) <input type="checkbox"/> DP 00 01/ DP 00 08 (8)	NUMBER OF FAMILIES Code 1 2 <input type="checkbox"/> (1) <input type="checkbox"/> (3) <input type="checkbox"/> (6) <input type="checkbox"/> (8)	YEAR OF CONSTRUCTION _____ Code ()	
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