

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		NAIC CODE:			
NAMED INSURED		ATTENTION:			
		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: <input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY	IF DIRECT BILL: <input type="checkbox"/> BILL APPLICANT	BILL MORTGAGEE 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:				RENOVATION TYPE	PART	COMP	YEAR			
FIRE RES				\$	CONDO	SEASONAL					WIRING						
NUMBER OF FIRE DIVS	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE	HEAT TYPE	NONE			PLUMBING						
				FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	HEATING						
						CENTRAL				SECONDARY:	ROOFING						
FIRE/EC RATE						DIRECT				HOUSEKEEPING CONDITION	EXTERIOR PAINT						
						LOCAL											
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	STORM SHUTTERS												
<input type="checkbox"/> WITHIN CITY LIMITS	<input type="checkbox"/> OWNER	<input type="checkbox"/> UNOCC	INDOORS	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO												
<input type="checkbox"/> WITHIN FIRE DIST	<input type="checkbox"/> TENANT	<input type="checkbox"/> VACANT	ABOVE GROUND ON MASONRY FLOOR	APPROVED FENCE	A HURR RES												
<input type="checkbox"/> WITHIN PROT SUBURB			ABOVE GROUND NOT ON MASONRY FLOOR	DIVING BOARD	B GLASS												
			ABOVE GROUND ON MASONRY FLOOR	SLIDE	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	40	41	42	ATTACHED	RATING CREDITS	MANNED SECURITY OFF PREMISES THEFT EXCL	SPRINKLER	FIREPLACES								
BASEMENT	GARAGE	BREEZEWAY	NON-SMOKER					PARTIAL	CHIMNEYS	PRE-FAB							
SQ FT	SQ FT	SQ FT	LIGHTNING PROTECTION					FULL	HEARTHES	WOOD STOVE INSERT							
MOBILE HOME:	TIE DOWN	CHASSIS ONLY	FOUNDATION CONSTRUCTION	POST & PIER W/O SKIRTING	OTHER:												
	<input type="checkbox"/> FULL	<input type="checkbox"/>	CONTINUOUS MASONRY	POST & PIER WITH SKIRTING													

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

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