

PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

DATE (MM/DD/YYYY)

AGENCY Associated Underwriters 9412 Giles Road La Vista, NE 68128		PHONE (A/C, No, Ext): 402-592-0900	POLICY TYPE	HOMEOWNER	INLAND MARINE	WATERCRAFT
		FAX (A/C, No): 402-592-0962		MOBILE HOME	DWELLING FIRE	UMBRELLA
CODE: AGENCY CUSTOMER ID 00013060		SUBCODE:		COMPANY		
NAMED INSURED		ATTENTION:			NAIC CODE:	
INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED		POL#:		ACCT#:		
		EFFECTIVE DATE OF CHANGE		INCEPTION DATE OF POLICY		EXPIRATION DATE
		CHANGE BILLING PLAN TO:		IF DIRECT BILL:		BILL MORTGAGEE
		<input type="checkbox"/> DIRECT <input type="checkbox"/> AGENCY		<input type="checkbox"/> BILL APPLICANT		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:										
FIRE RES				\$	CONDO	SEASONAL											
NUMBER OF FIRE DIVS	UNITS IN FIRE DIV	TERR CODE	PREM GROUP	PROTECT CLASS	DISTANCE TO HYDRANT	FIRE STATION	PROTECTION DEVICE TYPE			HEAT TYPE	NONE	RENOVATION TYPE					
					FT	MI	SYSTEM	SMOKE	TEMP	BURGLAR	PRIMARY:	WIRING					
							CENTRAL				SECONDARY:	PLUMBING					
							DIRECT				HOUSEKEEPING CONDITION	HEATING					
							LOCAL					ROOFING					
												EXTERIOR PAINT					
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"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> OPEN <input type="checkbox"/> NONE			
DWELLING LOCATION		OCCUPANCY			DEADBOLT		OIL STORAGE TANK LOCATION			SWIMMING POOL		WINDSTORM LOSS MITIGATION FEATURES					
WITHIN CITY LIMITS		OWNER			FIRE EXT VISIBLE TO NEIGHBORS		INDOORS			<input type="checkbox"/> APPROVED FENCE		ABOVE GROUND					
WITHIN FIRE DIST		TENANT					OUTDOORS			<input type="checkbox"/> DIVING BOARD		ABOVE GROUND					
WITHIN PROT SUBURB							ABOVE GROUND NOT ON MASONRY FLOOR			<input type="checkbox"/> 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 SPEC	<input type="checkbox"/> YES <input type="checkbox"/> NO			RESISTIVE		OTHER								
IF REPLACEMENT COST APPLIES, ACORD 42 ATTACHED:					RATING CREDITS			MANNED SECURITY OFF PREMISES THEFT EXCL		SPRINKLER		FIREPLACES					
BASEMENT			GARAGE		BREEZEWAY		NON-SMOKER LIGHTNING PROTECTION		<input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL		<input type="checkbox"/> CHIMNEYS <input type="checkbox"/> HEARTHES <input type="checkbox"/> PRE-FAB WOOD STOVE INSERT						
SQ FT			SQ FT		SQ FT												
MOBILE HOME:	TIE DOWN		OVERTOP ONLY		FOUNDATION CONSTRUCTION			POST & PIER W/O SKIRTING		OTHER:							
	<input type="checkbox"/> FULL <input type="checkbox"/> CHASSIS ONLY		<input type="checkbox"/> NONE		<input type="checkbox"/> CONTINUOUS MASONRY <input type="checkbox"/> POST & PIER WITH SKIRTING												

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		PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE		
	MOTOR 1	MOTOR 2								
\$	\$	\$	\$	\$	\$	\$	\$	\$		

PERSONAL UMBRELLA COVERAGES/LIMITS OF LIABILITY

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

REMARKS

FOR COMPANY USE ONLY

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, HI, NE, OH, OK, OR, or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

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