## ACORD<sup>®</sup> PERSONAL POLICY CHANGE REQUEST (EXCEPT AUTO)

	PHONE																		
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INSURED'S NAME AND MAILING ADDRESS (Inc ZIP+4), IF CHANGED								EFFECTIVE DATE OF CHANGE					INCEPTION DATE OF POLICY				EXPIRATION DATE		
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## PERSONAL INLAND MARINE/SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)

TYPE OF CHANGE	#					PROPER	TY DESC	CRIPTION							PURCH		AMOUNT OF
UN	IATTE	ENDED	CAR COV	'ERAGE (S	tamps/Coins)	SAFE CREDIT	Identify F	Property, Safe	e Class, Et	;)	BREAKAGE	COVI	ERAGE (*On	Sched	ule)		
BR	OAD	FORM	PAIR & SI	ET COVER	AGE	ACV LOSS SET	TLEMEN	T			BLANKET C	OVER	RAGE				
NC	N-M	OBILE	ORGAN CO	OVERAGE		REPLACEMEN	COST I	LOSS SETTL	EMENT								
WATE	ERC	RAF	T COVE	RAGES	S/LIMITS OF LI	ABILITY							ADD	CH	IANGE	DELE	ETE
	HULL	L	м	OUTBO OTOR 1	DARD MOTOR MOTOR 2	PORTAB		TRAIL	.ER	LIA	BILITY		MEDICAL	5		SURED RS LIAB	DEDUCTIBLE
\$			\$		\$	\$		\$		\$		\$			\$		\$
PERS	ON	AL U	MBREL	LA CO	/ERAGES/LIM	TS OF LIABILI	TY						ADD	CH	IANGE	DELE	TE
PC	LICY	Y AMOL	JNT	R	ETENTION	OTHER											
\$				\$		COVERAGES											
	ві			MOBILE	CSL	PERSONAL LIABILITY		ві			c	SL		ы	RECREAT	IONAL VEHI PD	CLES
\$			\$		\$	\$	\$		\$		\$	-	\$		\$		\$
RFMA	RK	s															

FOR COMPANY USE ONLY				
			!	ation for income
Any person who knowingly and with intent to or statement of claim containing any materially fals	se information, or	conceals for the purpose of misleading	informatio	on concerning any fact
material thereto, commits a fraudulent insuran penalties. (Not applicable in CO, HI, NE, OH, OK,	ce act, which is a	a crime and subjects the person to cri	minal and	[NY: substantial] civil
INSURED'S SIGNATURE	DATE (MM/DD/YYYY)	PRODUCER'S SIGNATURE		NATIONAL PRODUCER NUMBER