



REQUEST FOR CHANGE IN POLICY

ROCKFORD MUTUAL INSURANCE CO.
ROCKFORD, ILLINOIS

(FIRE INSURANCE COMPANY)

POLICY NO. _____

EXPIRATION DATE OF POLICY / / EFFECTIVE DATE OF CHANGE / /

Insured's Name _____
Mailing Address _____
City, State & Zip _____

CHANGE: REINSTATEMENT CONTRACT MORTGAGE INSURED'S NAME MAILING ADDRESS
 DEDUCTIBLE LEGAL DESCRIPTION PERSONAL ARTICLES BLANKET COVERAGE SPECIFIED COVERAGE
 TOTAL CANCELLATION (OTHER)

LOCATION CHANGES

LOC NO	A	D	LOCATION OF PROPERTY				TOWNSHIP NAME	COUNTY	FIRE CLASS	LEGAL DESCRIPTION OF ADDRESS	TOWN - ZIP CODE
			ACRES	QTR.	SEC.	TWP.					

SECTION 1 - PROPERTY COVERAGE CHANGES

LOC NO	PROPERTY INSURED	CLASS	CHANGE COVERAGE FROM	CHANGE COVERAGE TO		SIZE-CAPACITY L W H	CONSTRUCTION KIND YEAR	ROOF KIND YEAR	GRP 5 PERIL	LOSS SETT'M

SECTION 2 - PERSONAL LIABILITY CHANGES

Add. A	Change C	Delete D	DESCRIPTION		PREMIUM
SUB-			Comp. Pers. Liability	No of Families _____ Farmette <input type="checkbox"/> Extension - Form Prem. & Operations LIABILITY <input type="checkbox"/> Yes <input type="checkbox"/> No	
MIT			Farmer's Comp. Pers. Liability	Farmette <input type="checkbox"/> total acres _____	
NEW			OLT - Premises Liability	# of Families _____ Loc. 1 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 Loc. 2 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 LOC. _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 LOC. _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
APPL			OLT - Farm Premises & Operations Liability	total acres _____	
			OLT - Farms Rented to Others	total acres _____	
			Optional Medical Payments		
			Insured Farm Employee	<input type="checkbox"/> full time <input type="checkbox"/> part time _____ no. of units	
			(LIMITS OF LIABILITY)		
			Business Pursuit Class	A _____ B _____ C _____ (Need Description)	

INLAND MARINE/PERSONAL ARTICLE FLOATER CHANGES

Add. A	Change C	Delete D	DESCRIPTION OF ITEM	CHANGE COVERAGE FROM	CHANGE COVERAGE TO	PREMIUM

OTHER CHANGES

Add. A	Change C	Delete D	DETAIL BELOW

REVISED PREMIUM

PREMIUM ADDED		PREMIUM REFUNDED		REVISED TOTAL AM'T OF COVERAGE	
ANNUAL %	PRO-RATA	ANNUAL %	<input type="checkbox"/> PRO-RATA <input type="checkbox"/> SHORT RATE	REVISED PREMIUMS	\$
\$ _____	FIRE \$ _____	\$ _____	FIRE \$ _____	FIRE	\$ _____
\$ _____	WIND \$ _____	\$ _____	WIND \$ _____	WIND	\$ _____
\$ _____	LIABILITY \$ _____	\$ _____	LIABILITY \$ _____	LIABILITY	\$ _____
\$ _____	\$ _____	\$ _____	\$ _____		\$ _____
\$ _____	\$ _____	\$ _____	\$ _____		\$ _____
\$ _____	\$ _____	\$ _____	\$ _____		\$ _____
\$ _____	TOTAL \$ _____	\$ _____	TOTAL \$ _____	TOTAL	\$ _____

Date _____ Agent _____ Agent's No. _____ Insured _____