

REQUEST FOR CHANGE

THIS IS NOT A BINDER
THIS IS NOT AN ENDORSEMENT

PRODUCER

New York Property Insurance
Underwriting Association
100 William Street, 4TH Floor
New York, New York 10038
E-mail: fairplan@nypiua.com
Fax: 212-344-9879

TELEPHONE NO. _____
E-MAIL: _____

CHECK BOX IF CHANGE IN PRODUCER

POLICY NUMBER	REQUESTED EFFECTIVE DATE	POLICY EFFECTIVE DATE
NAMED INSURED/ MAILING ADDRESS (AS CURRENTLY APPEARS ON POLICY)	CHANGE INSURED'S NAME / MAILING ADDRESS TO:	
LOCATION OF PROPERTY (AS CURRENTLY APPEARS ON POLICY)	INSURED CONTACT NUMBER	INSURED'S E-MAIL ADDRESS
CHANGE DESCRIPTION OF PROPERTY TO:	NAME & CONTACT NUMBER FOR INSPECTION	

CHANGE IN COVERAGE OR AMOUNT OF INSURANCE:

	FIRE		NEW AMOUNT IN FORCE	NEW CO-INS IF CHANGED	CHECK TO ADD		
	INCREASE BY	DECREASE BY			EC	VMM	BROAD FORM
BUILDING							
PERSONAL PROPERTY							
CONTENTS							
TIME ELEMENT (SPECIFY)							

NEW LOCATION OF PROPERTY (STREET AND NUMBER, CITY & STATE) PERSONAL PROPERTY AND CONTENTS ONLY

CHANGE OF MORTGAGE STATUS (COMPLETE NAME, ADDRESS, & LOAN #)

<input type="checkbox"/> FIRST MTGEE	<input type="checkbox"/> SECOND MTGEE
<input type="checkbox"/> ADD	<input type="checkbox"/> ADD
<input type="checkbox"/> CHANGE	<input type="checkbox"/> CHANGE
<input type="checkbox"/> DELETE	<input type="checkbox"/> DELETE

OTHER CHANGES:

REQUEST TO CANCEL:

COVERAGE REPLACED (ATTACH COPY OF NEW POLICY OR BINDER) BUILDING SOLD (IF SOLD OVER 30 DAYS, SUBMIT PROOF OF SALE)
 NO LONGER REQUIRED

CERTIFICATION OF APPLICANT FOR INSURANCE

This request is made with the understanding that an inspection may be made of this property. I (we) understand that this request in no way binds any company to afford insurance on the described property. Inspection(s) made under this program and any report of the inspection(s) is for fire and extended coverage insurance underwriting purposes. Regardless of whether a policy is issued, neither the insurer, New York Property Insurance Underwriting Association, the Insurance Services Office, nor any company represented thereby will be liable for any injury or damage claimed to arise from the inspection(s), the inspection report(s) of the physical condition of the premises, omissions from such inspection(s) or report(s), or from compliance or non-compliance by the property owner or others with the recommendations, if any, contained in said inspection report(s). Nothing contained in or omitted from said inspection report(s) shall be construed to infer or imply that the hazardous physical conditions, if any, so noted or omitted, constitute all such conditions existing on the property at the time of said inspection(s). Permission is granted to submit copies of any inspection or action report(s) to the New York Insurance Department, the New York Property Insurance Underwriting Association, Insurance Services Office, Insurers and my (our) agent(s) or representative(s).

By signing this application I (we) certify that I (we) have an insurable interest in the property, that I (we) or my (our) insurance representative have made a diligent effort in the normal insurance market to obtain insurance, and that all statements contained herein are, to the best of my (our) knowledge, true.

IMPORTANT

INSURED'S AND PRODUCER'S SIGNATURES ARE REQUIRED FOR THE FOLLOWING CHANGES: 1. CHANGE OF INSURED (SIGNATURE OF NEW INSURED)
2. REDUCTION IN THE AMOUNT OF INSURANCE 3. CHANGE OF PRODUCER 4. CANCELLATION 5. CHANGE OF LOCATION

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PRODUCER OF RECORD

DATE