

**PERSONAL LINES
CHANGE REQUEST**

HP (Homeowners—NC) Dwelling Fire Boat Prot Home F.L. Pers. Cat Landlords
 MHP (Mobile Homeowners—NC) Dwelling/Property Liability Pers. IM Farm

CHANGE EFFECTIVE		POLICY NO.				AGENT'S NO.			AGENT'S NAME			
MO	DAY	YR										
NAMED INSURED		(Last Name)				(First Name)			(M.I.)			
CHANGE NAMED INSURED		<input type="checkbox"/> Correct		<input type="checkbox"/> Delete Name Below		Name			To			
MAILING ADDRESS CHANGE		Reason										
LOCATION CHANGE		No.		Street		City			City/Co. Code		(Fire District) Tax Code	
		State		Zip		County			Twp.			
ADDITIONAL LOCATION		Complete Items 1-6 Below		No.		Street		City		City/Co. Code (Fire District) Tax Code		
				State		Zip		County		Twp.		
		Complete Items 1-6 Below		No.		Street		City		City/Co. Code (Fire District) Tax Code		
				State		Zip		County		Twp.		
				Amount of Coverage on Dwelling \$				Coverage From Desired (Broadcover, Ultracover, etc.)				
OTHER INTERESTS		<input type="checkbox"/> Add <input type="checkbox"/> Amend		<input type="checkbox"/> Eliminate		<input type="checkbox"/> Mortgage/Lienholder		<input type="checkbox"/> Loss Payee		<input type="checkbox"/> Certificate of Insurance		
				Is Mortgagee to pay premium?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Loan No.				
		Name						Address		Zip		
CANCEL COMPLETE		<input type="checkbox"/> Because—See reasons and codes for cancellation on other side and enter code here ▶						Requested By				
1 Premises		No. of Stories		Auxiliary Heat?		If "Yes," Type		U.L. Approved?		Date you saw Premises		Condition of Premises
				<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No				
		Seasonal <input type="checkbox"/> Rental <input type="checkbox"/>		Aptmts. <input type="checkbox"/> Condos. <input type="checkbox"/>		No. of Units in Building		Fire Wall Between Units?		If "Yes," No. of Units Between Each Fire Wall		
								<input type="checkbox"/> Yes <input type="checkbox"/> No				
2 AGE OF		Building		Heating		Electricity		Plumbing		Roofing		Type of Roofing
3 DWELLING CONSTRUCTION		Enter Code No. ▶		Code No. 1. Frame 2. Brick 3. Other		Basement		Enter Code No. ▶		Code No. 1. Full 2. Partial 3. None		
4 PAST LOSSES		Describe Past Losses (5 Years)										
5 PROTECTION		Public Prot. Class.		Town Prot. Class		Property Within City/Boro Limits?		Nearest Fire Hydrant ft.		Nearest Fire Department miles		
						<input type="checkbox"/> Yes <input type="checkbox"/> No						
		Suburban Rule Applies <input type="checkbox"/>		Name of Responding Fire Department						Prot. Class of Fire Dept.		Multiple Class Town Rule Applies <input type="checkbox"/>
6 REPLACE-MENT COST		Total Unit Count		If Sq. Ft. Approximator is used, Attach Form ECS-73		Construction Class		Pre 1940		<input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI		
		Base Cost		Location Multiplier		Replacement Cost		Estimated Current Market Value \$				
		\$		X		= \$						

▶ NECESSARY: When requesting any change—give year of construction for primary dwelling _____



Signature of Named Insured (If Agency requires)								Name of Person Completing This Form (If not Agency, Identify Yourself) (Print)							
Date Received		Date to H.O.		If more than 24 hrs. has elapsed explain why above.		Rec'd From A Agent		Phone Letter Office		IMPORTANT — If this request affects any other ERIE policy, please submit separate change request for that policy.					
H.O. Use ONLY	Est. R.C.	Last R. Date	Repl Cost	Insp. Yr.	I R	R.C.M.	RSN.	Date	Req.	Dest.	Approved By / Date				
UF-1281 3/95											(SEE OTHER SIDE)				

COMPLETE CANCELLATION CODES

(Enter Code in "COMPLETE CANCELLATION" Section on Other Side.)

CODE	REASON FOR CANCELLATION
PAD	Named Insured Deceased Named Insured's Request Because:
PSP	Sold
IR	Purchased other insurance
PCV	Coverage rewritten (if available, give ERIE rewritten policy # in instruction area on other side.)
PEX	Coverage rewritten (Company policy rewritten in Exchange)
PME	Moved to another state
PMD	Moved to another part of state
PCH	Cost too high
PDC	Duplicate coverage
PHC	House completed
PBC	Other Company-better coverage
PMG	Coverage added to spouse's policy
PPS	Lack of proper service
POF	Financial difficulty or out of work
PUB	Billing plan unacceptable
IF	Reason unspecified or insured dissatisfied
IO	Other (show reason in blank area on other side)

WATERCRAFT	7		DESCRIPTION OF PROPERTY		STATE REGIS- TERED	SERIAL NO.	Sail In/Outboard	Sail w/power Inboard	Houseboat Sail	LGTH.	HP	MAX SPEED	AMOUNT OF INSURANCE	
		YR	MFG—MODEL											
	1	BOAT												\$
		MOTOR(S)												
		TRAILER												
	2	BOAT												
		MOTOR(S)												
		TRAILER												
	BOATING EQUIP. & ACCESS.	BOAT PROTECTOR AND INLAND MARINE BOAT FORMS Give \$500 Boating Equipment & Accessories at no additional charge. If additional amount is desired, show amount over \$500 only.											\$	
	PRINCIPALLY USED: <input type="checkbox"/> INLAND WATERS <input type="checkbox"/> GREAT LAKES <input type="checkbox"/> COASTAL & INTERNATIONAL													TOTAL \$
INLAND MARINE	<input type="checkbox"/> COINS. (PC)	<input type="checkbox"/> MUSICAL INSTRUM.—Not Prof.* (IPM)	<input type="checkbox"/> FARM EQUIPMENT (ICO)	<input type="checkbox"/> FINE ARTS EXCLUDING ANTIQUES (IFA)										
	<input type="checkbox"/> FURS (IMI)	<input type="checkbox"/> PHOTO EQUIPMENT—Not Prof.* (ICA)	<input type="checkbox"/> SCHEDULED <input type="checkbox"/> BLANKET—\$100 BASIC DED.	INCL. BREAKAGE <input type="checkbox"/> YES <input type="checkbox"/> NO										
<input type="checkbox"/> GOLF EQPT.	<input type="checkbox"/> SILVERWARE (ISI)	<input type="checkbox"/> LIVESTOCK (IST)	<input type="checkbox"/> FINE ARTS INCLUDING ANTIQUES (IFU)											
<input type="checkbox"/> GUNS (IGE)	<input type="checkbox"/> STAMPS (ISE)	<input type="checkbox"/> SCHEDULED <input type="checkbox"/> BLANKET	INCL. BREAKAGE <input type="checkbox"/> YES <input type="checkbox"/> NO											
<input type="checkbox"/> JEWELRY (IJE)	<input type="checkbox"/> BROAD FORM SPECIFIED PROPERTY (\$100 DED.)	OPTIONAL PERILS DESIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> COLLECTORS ITEMS (ICI)											
	<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS		<input type="checkbox"/> ALL RISK <input type="checkbox"/> NAMED PERILS											
	*Deductible—Optional													
<input type="checkbox"/> OTHER														
DESCRIPTION (ATTACH APPRAISAL)														