



HARLEYSVILLE INSURANCE
 FLOOD INSURANCE PROCESSING CENTER
 P.O. Box 2057 Kalispell, MT 59903-2057
 TEL 888-453-0598 FAX 406-257-2008

FLOOD INSURANCE
GENERAL CHANGE ENDORSEMENT

PLEASE PRINT OR TYPE THIS FORM

POLICY #	POLICY EFFECTIVE DATE	ENDORSEMENT EFFECTIVE DATE	ENDORSEMENT EFFECTIVE DATE (TO INCREASE COVERAGE) <input type="checkbox"/> Standard 30 - Day <input type="checkbox"/> Loan Closing - No Wait <input type="checkbox"/> Map Revision - One Day
	POLICY EXPIRATION DATE		
REASON FOR CHANGE		INSURED'S NAME (As it appears on Policy)	
<hr/> <hr/>		<hr/> <hr/>	
Prior Insured must sign this form to assign policy to new owner.			

PRODUCER INFORMATION	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
Agency Name	Phone #		
Agent/Producer's Name	Agent/Producer #		
Mailing Address			
City, State, Zip +4			

INSURED INFORMATION	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
Insured's Name			
Additional Insured's Name			
Mailing Address			
City, State, Zip +4			

FIRST MORTGAGEE	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
1st Mortgagee Loan #			
1st Mortgagee Name			
Mailing Address			
City, State, Zip +4			

SECOND MORTGAGEE	<input type="checkbox"/> ADD	<input type="checkbox"/> CHANGE	<input type="checkbox"/> DELETE
2nd Mortgagee Loan #			
2nd Mortgagee Name			
Mailing Address			
City, State, Zip +4			

COVERAGE

Important: Additional premium due to increase coverage MUST accompany this form.

	PREVIOUS BUILDING COVERAGE	PREVIOUS CONTENTS COVERAGE	NEW BUILDING COVERAGE	NEW CONTENTS COVERAGE
BASIC COVERAGE	.00	.00	.00	.00
ADDITIONAL COVERAGE	.00	.00	.00	.00
TOTAL COVERAGE	.00	.00	.00	.00
BUILDING RATES USED	_____ / _____ <input type="checkbox"/> Building <input type="checkbox"/> Contents		NEW PREMIUM	.00
CONTENTS RATES USED	_____ / _____ Refer to NFIP Manual for additional instructions, if needed.		OLD PREMIUM	.00
			PREMIUM DIFFERENCE	.00
DEDUCTIBLE	\$ _____		X PRO RATA FACTOR	
ESTIMATED BUILDING REPLACEMENT COST	\$ _____		PRO RATA PREMIUM	.00

GENERAL CHANGES/SPECIAL INSTRUCTIONS

THE ABOVE STATEMENTS ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE PUNISHABLE BY FINE OR IMPRISONMENT UNDER APPLICABLE FEDERAL LAW.

SIGNATURE OF AGENT / PRODUCER	DATE	SIGNATURE OF INSURED	DATE
-------------------------------	------	----------------------	------

— PLEASE REMEMBER —

A check or money order made out to the appropriate WYO Company must accompany this form if an increase in coverage is requested.

MAXIMUM AMOUNTS OF INSURANCE AVAILABLE

EMERGENCY PROGRAM

BUILDING COVERAGE		CONTENTS COVERAGE (Per Unit)	
Single Family	\$ 35,000 +	Residential	\$ 10,000
Other Residential	\$100,000 ++	Non-Residential	\$100,000
Non-Residential	\$100,000		

+ In Alaska, Guam, Hawaii, and the U.S. Virgin Islands, the amount available is \$50,000.
++ In Alaska, Guam, Hawaii, and the U.S. Virgin Islands, the amount available is \$150,000.

REGULAR PROGRAM

BUILDING COVERAGE			CONTENTS COVERAGE				
	Basic Limits	Additional Limits	Total Available		Basic Limits	Additional Limits	Total Available
Single Family	\$ 60,000	\$190,000	\$250,000	Residential	\$ 25,000	\$ 75,000	\$100,000
2-4 Family	\$ 60,000	\$190,000	\$250,000	Non-Residential	\$150,000	\$350,000	\$500,000
Other- Residential	\$175,000	\$ 75,000	\$250,000				
Non-Residential	\$175,000	\$325,000	\$500,000				

DO NOT FORGET TO SIGN AND DATE THE ENDORSEMENT FORM.