

**POLICY NUMBER:**  
**Endorsement Number:**

## STANDARD CHANGE ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**Insured Name:**

**Agency Code:**

**Agency Name:** Rockwood Programs, Inc.

**Endorsement Effective Date:**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Name of the Insured            | <input type="checkbox"/> 7. Classification, Premium Basis or Rating |
| <input type="checkbox"/> 2. Mailing address of the Insured | <input type="checkbox"/> 8. Location No.                            |
| <input type="checkbox"/> 3. Inception Date                 | <input type="checkbox"/> 9. Endorsement No.                         |
| <input type="checkbox"/> 4. Expiration Date                | <input type="checkbox"/> 10. Other – Deductible amount              |
| <input type="checkbox"/> 5. Policy is Cancelled Effective  |   |
| <input type="checkbox"/> 6. Limits                         |   |
- Is added and made a part of the policy.
- Is deleted from the policy.
- Is corrected or changed to read as follows:

**Other Charges**

\$  
\$  
\$  
\$

**Additional Premium**  
**Return Premium**  
**Total Other Charges**  
**Premium Total**

**All other Terms, Conditions, and Exclusions of this Policy remain unchanged.**

RKD715 (01/07)