



POLICY CHANGE/ENDORSEMENT REQUEST
GERMAN-AMERICAN FARM MUTUAL

Policy #: _____ Insured Name: _____

Agent: _____ Address: _____

Effective Date: _____

CHANGE ITEM:

Insured Name _____

Mail Address _____ Location Address _____

Mortgage Company/Address/Loan # _____

Other (please explain) _____

FIRE/STORM COVERAGE:

Please Select: []Add []Delete

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

Please Select: []Increase []Decrease

Item: _____ Value: From \$ _____ To \$ _____

Item: _____ Value: From \$ _____ To \$ _____

Item: _____ Value: From \$ _____ To \$ _____

THEFT COVERAGE:

Please Select: []Add []Delete

Item: _____ Value: _____

Item: _____ Value: _____

Item: _____ Value: _____

Please Select: []Increase []Decrease

Item: _____ Value: From \$ _____ To \$ _____

Item: _____ Value: From \$ _____ To \$ _____

Item: _____ Value: From \$ _____ To \$ _____

Insured Signature _____ Date: _____

Print Name _____