SOUTH CAROLINA – MICRO-BUSINESSOWNERS  
POLICY CHANGES

|  |  |
| --- | --- |
| **Effective Date Of Change:** |  |
| **Change Endorsement Number:** |  |
| **Named Insured:** |  |

The following item(s) is (are) changed to read **{See Additional Page(s)}:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
|  |  |  | **Insured's Name** |  |  |  | **Insured's Mailing Address** |
|  | | | | | | | |
|  |  |  | **Policy Number** |  |  |  | **Company** |
|  | | | | | | | |
|  |  |  | **Effective/Expiration Date** |  |  |  | **Insured's Legal Status/Business Of Insured** |
|  | | | | | | | |
|  |  |  | **Payment Plan** |  |  |  | **Premium Determination** |
|  | | | | | | | |
|  |  |  | **Additional Interested Parties** |  |  |  | **Coverage Forms And Endorsements** |
|  | | | | | | | |
|  |  |  | **Limits/Exposures** |  |  |  | **Deductibles** |
|  | | | | | | | |
|  |  |  | **Covered Property/Location Description** |  |  |  | **Classification/Class Codes** |
|  | | | | | | | |
|  |  |  | **Rates** |  |  |  | **Underlying Insurance** |
|  | | | | | | | |

The above amendments result in a change in the premium as follows:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | |  | | | |
|  |  |  | **No Changes** | | |  |  |  | **To Be Adjusted At Audit** | **Premium** | | | |
|  | | | | | | | | | |  | | | |
|  | | | | | | | | | | **Additional** | | **Return** | |
|  | | | | | | | | | | **$** |  | **$** |  |
| **Countersignature Of Authorized Representative** | | | | | | | | | | | | | |
| **Name:** | | | |  | | | | | | | | | |
| **Title:** | | | |  | | | | | | | | | |
| **Signature:** | | | | |  | | | | | | | | |
| **Date:** | | |  | | | | | | | | | | |

|  |
| --- |
| **South Carolina Policy Changes – Micro-Businessowners Endorsement Description** |
|  |