

OREGON MUTUAL INSURANCE COMPANY GENERAL CHANGE ENDORSEMENT

Policy Number		Effective		
Named Insured				
Date		Agent		
This policy is amended as indicated by the items marked (X) below:				
Name of Insured amended to read as shown below. Address of Insured amended to read as shown below. Premium amended as shown below. Item(s) listed below added to schedule. Other changes as shown below. LIMITS OF LIABILITY				
LIMITS OF LIABILITY Change to read as for	ollows:			
	POLICY AMOUNT AND PREMI	UM ADJUSTMENT	Limits of	Liability
	Dllows: POLICY AMOUNT AND PREMI Coverage Description		Limits of vious Limit	Liability New Limit
	POLICY AMOUNT AND PREMI			
	Coverage Description			
☐ Change to read as for	Coverage Description T:			
Change to read as for	Coverage Description T:	Prev	vious Limit	
PREMIUM ADJUSTMEN Additional Premium	Coverage Description T: \$ R \$ C	Prevention Premium	vious Limit	