

NEBRASKA FARMERS MUTUAL REINSURANCE ASSOCIATION

CHANGE ENDORSEMENT

This endorsement effective _____ and forms part of Policy # _____

Issued To: _____

The above described policy is changed as follows:

- Amended:
- Named Insured
 - Description of Vehicle
 - Effective Date
 - Reinstatement of canceled policy
 - Other as described
 - Named Insured's Address
 - Premium
 - Expiration Date

Cash Premiums <input type="checkbox"/> Additional <input type="checkbox"/> Return	Coverage	Original Premiums

PREMIUM INCLUDED IN REVISED INSTALLMENTS

Date Prepared

Endorsement #

Authorized Representative