

THE BREMEN FARMERS' MUTUAL
INSURANCE COMPANY

PO BOX 98
BREMEN KS 66412

GENERAL CHANGE EXCLUSION

Named Insured _____

Agency Name _____

Insured's Address _____

Policy Number: _____

Date of Policy/Binder Date: _____

Location of Property: _____

Effective Date of Exclusion: Date Signed by Insured

This change exclusion shall be attached to and forming a part of the above named policy and shall run concurrently with each policy term.

IT IS HEREBY AGREED AND UNDERSTOOD THAT ANY LOSS OCCURRING DUE TO THE CONDITIONS OF THE (Circle the building and the item that apply)

DWELLING - GARAGE - OUTBUILDINGS/OTHER STRUCTURES

ROOF - PAINT is excluded.

This exclusion shall apply until the excluded roof/paint has been replaced or repainted and this Company is notified.

All other terms of the policy apply.

Named Insured's Signature _____

_____ Date signed

Company Representative