

NEW HAMPSHIRE INSURANCE COMPANY

175 Water Street 18th Floor, New York, NY 10038
COMMON POLICY DECLARATIONS
 GENERAL CHANGE ENDORSEMENT

POLICY NO: 01-LX-066415442-3 **END:** 003
RENEWAL OF 02-LX-066415442-2

ACCOUNT NUMBER: 75-2258513
NAMED INSURED AND MAILING ADDRESS

BOYS AND GIRLS CLUB OF PHARR
 PO BOX 649
 PHARR, TX 78577

AGENCY AND MAILING ADDRESS 88333

CARE PROVIDERS INSURANCE SERVICES LLC
 16301 QUOROM DR SUITE 130B
 ADDISON, TX 75001-0000

POLICY PERIOD: FROM 01/29/2019 TO 01/29/2020 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

Effective 10/04/2019 this policy amended as shown.

COMMON POLICY DECLARATIONS

For an additional/return premium, the items below are changed as indicated:

Location of Health Fair
 3600 Athol, Pharr, TX

NO ADDITIONAL OR RETURN PREMIUM DUE FOR COMMERCIAL PROPERTY	NO CHANGE
NO ADDITIONAL OR RETURN PREMIUM DUE FOR COMMERCIAL GENERAL LIABILITY	NO CHANGE
NO ADDITIONAL OR RETURN PREMIUM DUE FOR COMMERCIAL CRIME AND FIDELITY	NO CHANGE
PREMIUM DUE FOR COMMERCIAL INLAND MARINE	
PREMIUM DUE FOR PROFESSIONAL LIABILITY	

NO ADDITIONAL OR RETURN TRANSACTION PREMIUM:	\$0
TOTAL SURCHARGE / TAXES / FEES:	
TOTAL PREMIUM:	\$0

FORMS AND ENDORSEMENTS APPLICABLE TO ALL COVERAGE PARTS
 See Forms Schedule
NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

Policy No: 01-IX-066415442-3 003
 Effective 12:01 a.m. 10/04/2019

AUTHORIZED REPRESENTATIVE SIGNATURE PAGE

THIS IS TO CERTIFY THAT THE INSURANCE COMPANY HAS ISSUED THE ATTACHED ENDORSEMENT TO THE INSURED NAMED ON THE DECLARATIONS PAGE FOR THE REMAINDER OF THE POLICY PERIOD INDICATED ON SUCH DECLARATIONS PAGE. THE INSURANCE AFFORDED BY THIS ENDORSEMENT IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF THE POLICY.



Authorized Representative