



# ENDORSEMENT REQUEST

Insured's Name: \_\_\_\_\_

Current Policy #: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

Delete Vehicle

Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Add Vehicle

Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN: \_\_\_\_\_ Value: \$ \_\_\_\_\_

Add Driver

Name: \_\_\_\_\_ D.L. #: \_\_\_\_\_ Yrs. Exp.: \_\_\_\_\_

Delete Driver

Name: \_\_\_\_\_ D.L. #: \_\_\_\_\_

Add Coverage

Trailer Interchange Limit: \$ \_\_\_\_\_

Physical Damage Limit: \$ \_\_\_\_\_

Cargo Limit: \$ \_\_\_\_\_

Delete Coverage

Trailer Interchange Limit: \$ \_\_\_\_\_

Physical Damage Limit: \$ \_\_\_\_\_

Cargo Limit: \$ \_\_\_\_\_

Increase Coverage

Trailer Interchange Limit: \$ \_\_\_\_\_

Physical Damage<sup>1</sup> Limit: \$ \_\_\_\_\_

Cargo<sup>2</sup> Limit: \$ \_\_\_\_\_

Decrease Coverage

<sup>1</sup> Upon Renewal Only

<sup>2</sup> For \$250,000 Limit, minimum 4 month commitment is REQUIRED.

Change of Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing below I acknowledge that I have requested the above changes to my policy.

Insured's Signature: \_\_\_\_\_

CSR: \_\_\_\_\_

Approved By: \_\_\_\_\_