

AUTOMOBILE ENDORSEMENT REQUEST

Today's Date								
Insured's Name								
City, State								
Policy No.	Policy Effective Date:							
Effective Date of Change		<input type="checkbox"/>	Add	<input type="checkbox"/>	Delete			
*Mandatory Information Needed								
• <u>Vehicle Description</u>			• <u>Coverages Desired *</u>					
Year *		<input type="checkbox"/>	Liability					
Make *		<input type="checkbox"/>	UM					
Model *		<input type="checkbox"/>	PIP					
Vehicle ID No. *		<input type="checkbox"/>	Medical Payments					
Gross Vehicle Weight *		<input type="checkbox"/>	Physical Damage					
Cost New *		<input type="checkbox"/>	Comprehensive <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000					
Garage Location *		<input type="checkbox"/>	Collision <input type="checkbox"/> \$250 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000					
Use* :	<input type="checkbox"/>	Service	<input type="checkbox"/>	Rental	<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Priv. Passenger
Lessor/Loss Payee:								
Address:								
Requested by		Date						
Telephone #		Fax #						
PLEASE CONTACT YOUR CLIENT SERVICES REPRESENTATIVE AT 800/854-3298 WITH ANY QUESTIONS OR CONTACT YOUR AGENT.								

Fax to Client Services Department at 949/790-9222