



ENDORSEMENT REQUEST

P.O. Box 5670
Cortland, NY 13045
Phone: (800) 822-3747
Fax: (607) 756-5051
Email: Endorsement_request@mcneilandcompany.com

Insured: _____

Policy No(s) Being Endorsed: _____

Policy Term: _____ Agency Contact: _____

Effective Date of Change: _____ *Any change effective prior to the date of this request may require additional information. Contact your Underwriter for details regarding required documentation.

This form may be used to endorse more than one policy or line of business provided that all changes have the same effective date. Separate request forms must be submitted for each change with a different effective date.

VEHICLE CHANGES

Add Delete Change

Year: _____ Make: _____ Model: _____

VIN: _____ Class Code: _____ GVW: _____

Agreed Value: \$ _____ OR Cost New: \$ _____ (Value required for physical damage coverage)

*For changes to deductibles (i.e. Comp, Coll, or Apparatus), please use the *Other Changes* section below.

Garage Location (Street address): _____

ADDITIONAL INSURED / LOSS PAYEE / OTHER INTEREST CHANGES

Add Delete Change

Type of Interest: _____

Interest Name: _____

Address: _____

Insurable interest: _____

PROPERTY CHANGES

Add Delete Change Sprinkler System Yes No

Location # _____ Building # _____ Year Built: _____ *Include City/State/Zip in address below.

Street Address: _____

Building Limit: \$ _____ Contents limit: \$ _____

Occupancy: _____ Square Footage: _____

Construction Type: _____ Number of stories: _____

Coinsurance (%): _____ Deductible: \$ _____

OTHER CHANGES:

Add Delete Change

Important Note: Changes in Crime or Liquor Liability require the completion of the applicable supplemental application. Addition of a new line of business requires the completion of the corresponding section of the program application.