



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: _____

Please note that effective June 1st, 2020 endorsement requests with effective dates more than 7 days prior to the date received (backdate endorsements) may require additional documentation to be processed. If requested, that documentation must be received within 7 days of request.

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.

APPLICATION SIGNATURES & STATE FRAUD STATEMENTS

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS APPLICATION AND THAT THE INFORMATION PROVIDED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF THEIR KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature: _____ Date: _____