



# 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.

## **FRAUD STATEMENTS**

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**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.**

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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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: \_\_\_\_\_