|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Endorsement Request Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | **Producer #** | | | | Date & Time Uploaded: | | | | |  | | | | | |  |
| Original endorsement must be mailed next business day | | | | | | | | | | | |
| **Name** | | | | | | | | | | | | | | | |
| **Policy Number** | | | | | | | | | | | | | **Address** | | | | | | | | | | | | | | | |
| **Named Insured** | | | | | | | | | | | | | **City, ST, Zip** | | | | | | | | | | | | | | | |
| **Name Change** | | | | | | | | | | | | | **Address Change** | | | | | | | | | | | | | | | |
| **Reason For Name Change** | | | | | | | | | | | | | **City** | | | | | | | | | | | | | | | |
| **Name Correction** | | | | | | | | | | | | | **State** | | | | | | | | | | | | | | | |
| **Phone Change** | | | | | | | | | | | | | **Zip Code** | | | | | | | | | | | | | | | |
| **DRIVERS:** | | | **Circle “Add” or “Exclude” to change the drivers on your policy. Named Insured cannot be excluded. Drivers will not be excluded without a completed and signed 515A exclusion. (see next page)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Add | Name | | | | | | | | Male | Married | | Date of Birth | | | | Driver’s License # | | | | State | | | Points | | Occupation | | | |
| Exclude |  | | | | | | | | Female | Single | |  | | | |  | | | |  | | |  | |  | | | |
| Add | Name | | | | | | | | Male | Married | | Date of Birth | | | | Driver’s License # | | | | State | | | Points | | Occupation | | | |
| Exclude |  | | | | | | | | Female | Single | |  | | | |  | | | |  | | |  | |  | | | |
| Add | Name | | | | | | | | Male | Married | | Date of Birth | | | | Driver’s License # | | | | State | | | Points | | Occupation | | | |
| Exclude |  | | | | | | | | Female | Single | |  | | | |  | | | |  | | |  | |  | | | |
| **VEHICLES:** | | | **Circle “Add”, “Delete” or “Revise” to change the coverages on your policy. Also denote any additional coverages or deductibles desired by circling. Photos and inspection must be completed when applicable. (see next page)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Add | | Year | | | Make | | Model | | | | VIN # | | | | | | LIABILITY | COMP  250 | | | COLL  250 | | | UMBI | | PIP | RR | |
| Delete | |  | | |  | |  | | | |  | | | | | |  | 500  1,000 | | | 500  1,000 | | | UMPD | | MP | T&L | |
| Add | | Year | | | Make | | Model | | | | VIN # | | | | | | LIABILITY | COMP  250 | | | COLL  250 | | | UMBI | | PIP | RR | |
| Delete | |  | | |  | |  | | | |  | | | | | |  | 500  1,000 | | | 500  1,000 | | | UMPD | | MP | T&L | |
| Add | | Year | | | Make | | Model | | | | VIN # | | | | | | LIABILITY | COMP  250 | | | COLL  250 | | | UMBI | | PIP | RR | |
| Delete | |  | | |  | |  | | | |  | | | | | |  | 500  1,000 | | | 500  1,000 | | | UMPD | | MP | T&L | |
| REVISE | | Year | | | Make | | Model | | | | VIN # | | | | | | LIABILITY | COMP  250 | | | COLL  250 | | | UMBI | | PIP | RR | |
|  | | |  | |  | | | |  | | | | | |  | 500  1,000 | | | 500  1,000 | | | UMPD | | MP | T&L | |
| **LIENHOLDER:** | | | | | | Name | | | | | | | | | Indicate which vehicle by Year/Make/Model | | | | | | | | | | | | | |
| Address | | | | | | | | | City, State Zip Code | | | | | | | | | | | | | |
| **SPECIAL INSTRUCTIONS:**  **(Lienholder, Garage Address, Notes, Special Equipment, etc.)** | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | |
| **PREMIUM ATTACHED:** | | | | | | | | **$** | | | | | | | | | | | | | | | | | | | | |
| Insured’s Statement:  I acknowledge that the above changes to my policy are correct and truthful and I understand these changes to my automobile insurance policy coverage. | | | | | | | | | | | | | | Producer’s Statement:  I acknowledge that the signatures contained herein were made by the named insured and the above coverages herein were explained in detail to the insured. | | | | | | | | | | | | | | |
| **INSURED’S SIGNATURE:** | | | | | | | | **X** | | | | | | | | | | | **Date:** | | | | | | | | | |
| **PRODUCER’S SIGNATURE:** | | | | | | | | **X** | | | | | | | | | | | **Date:** | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Policy Number:** | |  | **Named Insured:** | |  |
| **Rejection Of Personal Injury Protection** | | | **Statement Of No Commercial Use** | | |
| Pursuant to Section 1952.152 through 1952.161 of the Texas Insurance Code, I have been given the opportunity to reject or purchase Personal Injury Protection coverage, and hereby reject the coverage in its entirety. It is also understood in accordance with Section 1952.152 through 1952.161 that unless the undersigned request such coverage in writing, such coverage need not be provided in or supplemental to a renewal policy. | | | I hereby certify that the vehicle(s) insured by the policy applied for are not used for any commercial or business purpose. I will not use my vehicle in the course of my employment or while I am self-employed. This statement is made for the purpose of inducing the company to issue the coverage for which I have applied and will form part of the application. | | |
| **SIGNATURE** | **X** | | **SIGNATURE** | **X** | |
| **Uninsured Motorist – Bodily Injury Coverage (UMBI)** | | | **Uninsured Motorist – Property Damage Coverage (UMPD)** | | |
| Pursuant to Section 1952.101 through 1952.110 of the Texas Insurance Code, I have been given the opportunity to reject or to purchase Uninsured / Underinsured Motorist Coverage in the amounts up to the automobile liability bodily injury coverage limits I have applied for and I have made the following choice:  \_\_\_\_\_ I hereby reject Uninsured / Underinsured Motorist – Bodily Injury Liability Coverage.  I hereby agree that the above choice applies only to owned motor vehicle(s) described on my application to the Company for insurance and any policy issued therefrom and on all future renewals of such policy issued to me by this Company because of vehicle coverage or because of an interruption of coverage until I notify the Company in writing of a different choice. | | | Pursuant to Section 1952.101 through 1952.110 of the Texas Insurance Code, I have been given the opportunity to reject or to purchase Uninsured / Underinsured Motorist Coverage in the amounts up to the automobile liability property damage coverage limits I have applied for and I have made the following choice:  \_\_\_\_\_ I hereby reject Uninsured / Underinsured Motorist – Property Damage Liability Coverage.  I hereby agree that the above choice applies only to owned motor vehicle(s) described on my application to the Company for insurance and any policy issued therefrom and on all future renewals of such policy issued to me by this Company because of vehicle coverage or because of an interruption of coverage until I notify the Company in writing of a different choice. | | |
| **SIGNATURE** | **X** | | **SIGNATURE** | **X** | |
| **515A - Exclusion Of Named Drivers & Partial Rejection Of Coverages** | | | | | |
| This acknowledgment and rejection is applicable to all renewals issued by the Company or any affiliated insurer. You also agree that the insurance coverage afforded by this policy shall not apply while:  *Name:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*DOB:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Relation:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*DOB:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Relation:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*DOB:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Relation:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*DOB:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Relation:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*DOB:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Relation:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  the EXCLUDED DRIVER(S) is operating your covered auto or any other motor vehicle. You further agree that this endorsement will also serve as a rejection of Uninsured / Underinsured Motorist Coverage and Personal Injury Protection Coverage while your covered auto or any other motor vehicle is operated by the excluded driver.  I, the above named insured, do hereby state that if one of the above named excluded persons is my legal spouse, I agree and understand that by signing below, no coverage will be afforded under this policy to the above named excluded person (spouse). | | | | | |
| **SIGNATURE** | **X** | | | | |
| **Include PHOTOS if a vehicle addition with Physical Damage, PIP, UM/UIM, and/or Special Equipment coverage is requested.** | | | | | |
| Please list any existing vehicle damage and indicate which vehicle by Year/Make/Model**.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **SR-22 Requests require an SR-22 REQUEST FORM. Do not use this form for SR-22 requests. See the Underwriting Guidelines for specific details on filing an SR-22.** | | | | | |
| **ENDORSEMENT DOWN PAYMENT PROCEDURE:**  Collect a down payment of at least 17% of the difference between the 6-month premium before the change and the new 6-month premium (17% of the additional premium before pro-rating for the remaining policy term will equal approximately 1 month’s additional premium). If you are unsure how to compute this amount you may collect a flat $50.00 with any additional premium endorsement on a policy for liability only; collect $100.00 if physical damage coverage is included.  EXAMPLE: Policy currently total premium $550.00, add vehicle during the 3rd month. Rate the new vehicle alone, 6-month premium is $500.00. New 6 month policy premium is $1,050.00 less the old 6 month premium of $550.00 = $500.00 difference. 17% of $500.00 = $85.00 down. The pro-rata additional will be just $250.00 but $85.00 down payment is required to cover one-month additional premium and ensure that your insured receives a bill with enough notice to make payment before the policy cancels. Return Premium endorsements require no down payment; the credit will be applied reducing one or all of the future installments. A large return may satisfy an entire monthly payment. If the policy has been paid in full, credit will be applied to the renewal or refunded directly to the insured. | | | | | |