



# ENDORSEMENT REQUEST

P.O. Box 5670  
Cortland, NY 13045  
Phone: (800) 822-3747  
Fax: (607) 756-5051  
Email: [endorsement\\_request@mcneilandcompany.com](mailto:endorsement_request@mcneilandcompany.com)

Insured: \_\_\_\_\_

Policy No(s) Being Endorsed: \_\_\_\_\_

Policy Term: \_\_\_\_\_ Eff. Date of Change: \_\_\_\_\_

**Backdate Endorsements: Requests with effective dates more than 7 days prior to the date received will require additional documentation. If requested, that documentation must be received within 7 days. If documentation is not received within 7 days, the endorsement will be processed effective the date the original request was received.**

**Separate request forms must be submitted for each change with a different effective date.**

**VEHICLE CHANGES**     Add     Delete     Amend (Complete Description below under **Other Changes** section below)

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN: (17 Digits) \_\_\_\_\_ (Please verify your VIN using online verification tools before submitting.)

Vehicle Usage: \_\_\_\_\_ ACV (Cost New): \_\_\_\_\_ GVW: \_\_\_\_\_

\*Agreed Value: \$ \_\_\_\_\_ \*GRC: \$ \_\_\_\_\_ vehicles 5 years and newer (**Bill of Sale & Amount Required for GRC**)

**\*Coverages apply to ESIP program only.**

Garaging Location (*Insured in State in which it is registered*) Complete Address: \_\_\_\_\_

**\*\*Please indicate changes to deductible(s) in the *Other Changes* section below. (i.e., OTC, Collision, Apparatus, Other Property, Portable Equip., etc.)\*\***

**INTEREST CHANGES**     Add     Delete     Amend (Complete Description below under **Other Changes** section below)

Type of Interest:  Additional Insured     Loss Payee     Mortgagee     Other: \_\_\_\_\_

Interest Name: \_\_\_\_\_

Address: \_\_\_\_\_

With Respect to: (Insurable interest) \_\_\_\_\_

**PROPERTY CHANGES**     Add     Delete     Amend (Complete Description below under **Other Changes** section below)

Location #: \_\_\_\_\_ Building #: \_\_\_\_\_ Year Built: \_\_\_\_\_ Sprinkler System  Yes  No

Complete Address: \_\_\_\_\_

Building Limit: \$ \_\_\_\_\_ Contents limit: \$ \_\_\_\_\_

Occupancy: \_\_\_\_\_ Square Footage: \_\_\_\_\_

ISO Construction Type: \_\_\_\_\_ Number of stories: \_\_\_\_\_

Coinsurance (%) \_\_\_\_\_ Deductible: \$ \_\_\_\_\_

**Please provide the year-made for any building updates associated with the changes above:**

Type: Wiring: \_\_\_\_\_ Roofing: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heating: \_\_\_\_\_

**\*\*OTHER CHANGES / NOTES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**