

Commercial Endorsement Guide

Vehicle Change:

- Is this a Replacement or an Addition?
 - *If replacement, which vehicle, and are we removing it now?*
- Vehicle Identification Number (17 digits long)
- Vehicle use
- Average Mile Radius
- Cost
- Applicable coverages/deductible
- Lienholder or Leaseholder?
 - *Address? Do they need Evidence of Property now?*
- Garaging location?
- Type and value of special/permanently attached equipment (including wraps)

Add Driver:

- First and last name
- Date of birth
- Complete driver's license number
- State of issuance
- Signed MVR form if they want us to run one

Add/Change Additional Insured/Interest:

- Mailing address
- Which Location(s)?
- What Property/Equipment/Vehicle does the Additional Interest apply to?
- Relationship (only if not connected to location, property, equipment, etc.)

Certificate of Insurance:

- Name of Certificate Holder & Mailing Address
- Additional Insured? What policy(s)?
- Waiver of Subrogation? What policy(s)?
- Primary & Non-Contributory wording? What policy(s)?
- 30 Day Notice of Cancellation? What policy(s)?



Add/Change Location:

- Occupant/Building use
- Year built with updates noted
 - *(Usually need to specify updates to HVAC, wiring, plumbing & roof- especially if year built is over 20-25 years)*
- Square footage
- Construction type
- Specify which policies this change applies to
- Mailing address
- Location
- Annual receipts
 - *(If it changes the existing exposure)*



Change Coverage:

- **Exposure changes**
 - *Inception date*
 - *Annual amount*
- **Adding items to the equipment schedule**
 - *Serial numbers*
 - *Manufacturer, Year, Model, Value, Loss Payee*
 - *Rented? If so, Rental Company & mailing address*
- **Named insured**
 - *Social Security number or federal identification number*
 - *Specify which policies this change applies to*
 - *If applicable to workers compensation, provide ERM-14*
- **Add Waiver of Subrogation**
 - *Waiver name (workers compensation and general liability) & need mailing address*
 - *Job location state (workers compensation)*
 - *More information might be needed depending on the carrier*