

Endorsement Request Form

Request Date: _____ Need By: _____ Renewal Request?: Yes No If "Yes", prior Cert #: _____

Insured Name: _____ Policy Number: _____

Agency Name: _____ Requested By: _____

Certificate Holder & Address: _____

Coverages: General Liability Property Excess Inland Marine
 Additional Insured Automobile Loss Payee Mortgagee

Please provide a detailed description of operations to be performed by insured: _____

This project is: Commercial (incl. apartments) Residential Wrap-Up/Owner Controlled Insurance Program ("OCIP")

Project Name: _____ Project Location: _____

Project Description: _____

Endorsements providing products/completed operations coverage are only available for commercial projects (including apartments).

When will project begin? _____ Has project been completed? Yes No

If "No", when is expected completion date? _____

Note: Concealment, misrepresentation or falsification of information relating to your insurance, including any application for additional insured coverage, may result in cancellation or voiding of all or parts of the policy, including any endorsements thereto.

I hereby certify that the information provided on this application, and all documents submitted in support of this application, are complete, accurate and truthful in all respects. I understand that no Additional Insured Endorsement will be issued if cancellation of my policy is pending for non-payment of premium, fees, deductibles or other outstanding amounts, or for other underwriting reasons.

I understand and acknowledge that neither NIF Group, Inc. and NIF Insurance Services of California nor the insurance carrier affording coverage has made, or is required or expected to make, any determination or representation:

- a) that the additional insured coverage afforded by the endorsement hereby applied for includes all legal liability imposed or assumed under any contract between the named insured under this policy, and any additional insured as to whom that endorsement may be issued; or
- b) as to the scope, legal effect, or advantages or disadvantages of any contractual obligations, including those of indemnity set forth in any such contract.

Insured Signature (required): _____ Title: _____

Printed Name (required): _____ Date: _____

Please check the desired Endorsement(s):

- CG 20 10 04 13 (Primary Wording) Additional Insured
- CG 20 10 07 04 (Primary Wording) Additional Insured
- CG 20 37 04 13 (Primary Wording) Additional Insured
- CG 20 37 07 04 (Primary Wording) Additional Insured
- CG 20 10 11 85 (Primary Wording) Additional Insured
- CG 20 26 04 13 Additional Insured
- CG 24 04 General Liability Waiver of Transfer Rights of Recovery Against Others to Us ("Waiver of Subrogation")
- Blanket Form
- CG 25 03 Designated Construction Project(s) General Aggregate Limit