



ADD NAMED INSURED PROPERTY ENDORSEMENT

INSURANCE COMPANY

TO BE ATTACHED TO AND FORMING PART OF POLICY NUMBER

1. INSURED

2. BROKER

		BROKER CLIENT ID	
		BROKER/AGENT	CODE
CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX
CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX	CONTACT NUMBER	<input type="checkbox"/> BUSINESS <input type="checkbox"/> HOME <input type="checkbox"/> FAX
E-MAIL ADDRESS		E-MAIL ADDRESS	

3. EFFECTIVE DATE OF ENDORSEMENT

YYYY | MM | DD

4. INSURED NAME AMENDMENT INFORMATION (If additional space is required, please use the back of this page)

A i) THE FOLLOWING NAMED INSURED IS TO BE ADDED TO THIS POLICY: _____

OCCUPATION: _____

YEARS CONTINUOUSLY EMPLOYED: _____ DATE OF BIRTH: YYYY | MM | DD

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THIS NAMED INSURED IN THE PAST 5 YEARS? YES NO IF YES, PROVIDE DETAILS:

DATE (YYYY/MM/DD)	LOC. #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER

ANY INSURER CANCELLED, DECLINED, OR REFUSED TO RENEW OR ISSUE A POLICY TO THIS NAMED INSURED WITHIN THE PAST 5 YEARS? YES NO

IF YES, PROVIDE DETAILS: INSURER: _____

CANCELLED DECLINED LAPSED REASON: _____

NAME OF PREVIOUS INSURER: _____

POLICY NUMBER: _____ EXPIRY DATE: YYYY | MM | DD

FOR HOW MANY YEARS HAS THIS NAMED INSURED HAD PROPERTY INSURANCE WITH ANY INSURER? _____

LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY:

A ii) THE FOLLOWING NAMED INSURED IS TO BE ADDED TO THIS POLICY: _____

OCCUPATION: _____

YEARS CONTINUOUSLY EMPLOYED: _____ DATE OF BIRTH: YYYY | MM | DD

HAVE THERE BEEN ANY LOSSES OR CLAIMS BY THIS NAMED INSURED IN THE PAST 5 YEARS? YES NO IF YES, PROVIDE DETAILS BELOW:

DATE (YYYY/MM/DD)	LOC. #	CAUSE	PAID AMOUNT	ESTIMATED AMOUNT	INSURANCE COMPANY	POLICY NUMBER

ANY INSURER CANCELLED, DECLINED, OR REFUSED TO RENEW OR ISSUE A POLICY TO THIS NAMED INSURED WITHIN THE PAST 5 YEARS? YES NO

IF YES, PROVIDE DETAILS: INSURER: _____

CANCELLED DECLINED LAPSED REASON: _____

NAME OF PREVIOUS INSURER: _____

POLICY NUMBER: _____ EXPIRY DATE: YYYY | MM | DD

FOR HOW MANY YEARS HAS THIS NAMED INSURED HAD PROPERTY INSURANCE WITH ANY INSURER? _____

LIST POLICY NUMBERS OF OTHER INSURANCE WITH THIS COMPANY:

B) THE INSURED NAME SECTION OF THE POLICY WILL THEREFORE NOW READ AS FOLLOWS:

5. CONSENT AND DISCLOSURE

THE NAMED INSURED(S) AS SHOWN IN SECTION 4A ABOVE, HAVE PROVIDED PERSONAL INFORMATION IN THIS DOCUMENT AND OTHERWISE AND MAY IN THE FUTURE PROVIDE FURTHER PERSONAL INFORMATION. SOME OF THIS PERSONAL INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, THEIR CREDIT INFORMATION AND CLAIMS HISTORY. THE NAMED INSURED(S) AUTHORIZE THEIR BROKER NAMED ABOVE OR INSURANCE COMPANY TO COLLECT USE AND DISCLOSE ANY OF THIS PERSONAL INFORMATION, SUBJECT TO THE LAW AND TO SUCH BROKER'S OR INSURANCE COMPANY'S POLICY REGARDING PERSONAL INFORMATION, FOR THE PURPOSES OF COMMUNICATING WITH THEM, ASSESSING THEIR APPLICATION FOR INSURANCE AND UNDERWRITING THEIR POLICIES, EVALUATING CLAIMS, DETECTING AND PREVENTING FRAUD, AND ANALYZING BUSINESS RESULTS. THE UNDERSIGNED CONFIRMS THAT ALL INDIVIDUALS WHOSE PERSONAL INFORMATION IS CONTAINED IN THIS DOCUMENT HAVE AUTHORIZED THAT I AGREE TO THE ABOVE ON THEIR BEHALF.

SIGNATURE OF INSURED _____ DATE _____ TIME _____ AM PM

YYYY | MM | DD

SIGNATURE OF BROKER/AGENT _____ DATE _____

YYYY | MM | DD