ENDORSEMENT REQUEST FOR COMMERCIAL FIRE INSURANCE

MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION

RHODE ISLAND JOINT REINSURANCE ASSOCIATION
TWO CENTER PLAZA, BOSTON, MASSACHUSETTS 02108-1904
TELEPHONE (617) 723-3800

TOLL FREE TELEPHONE NUMBERS: FROM MASS 1-800-392-6108 FROM RI 1-800-851-8978 FOR DETAILED INSTRUCTIONS PLEASE REFER TO THE PRODUCERS OPERATIONS MANUAL THIS ENDORSEMENT REQUEST **CANNOT** BE USED FOR HOMEOWNER DWELLING POLICIES.

Und Initials		
Date		
	Approved	
	Rejected	

NAME	OF LICENSED BROKER OR AGENT	DATE	
NO C	TDEET	POLICY NO	
NO S	TREET	POLICY NO	
CITY	STATE ZIP CODE	INCEPTION DATE OF POLICY	
TELEF	PHONE NUMBER	This request shall not become effective until accepted by the Association Requested effective date of endorsement will be dated of receipt of this	
		application by the Association, unless a later date is specified here:	
Name o	f insured:		
	of Property:		
	CHECK BOX ☑ TO	INDICATE CHANGES(S) REQUESTED	
	GILCON BOX E 10	INDICATE GITANOES(S) REQUESTED	
1.	□ Change named insured to: Complete and enclose Mandatory Building Fire Application (MUA-CA-1) for Massachusetts or Supplemental Property Application (ACORD 190) for Rhode Island, if this policy provides building coverage and Item 1. is checked.		
		sement request is accepted, the First Named Insured shown in item 1.	
	Above becomes the "First Named Insured" and ha Fire Policy and, as such, will act on behalf of all th policy.	is important rights and responsibilities as described in the Commercial e others with respect to requesting any changes to or cancellation of the	
2. 🗆	Change Insured(s) mailing address to:		
3. 🗆	Amend location of property to:		
4. ☐ Increase Limits of Insurance: ☐ Decrease Limits of Insurance: (Indicate reason/Provide documentation for change)			
		ss Personal Property \$ □ Other (Specify) \$	
	Complete and enclose Mandatory Building Fire Insura	ance Application (MUA-CA-1) for Massachusetts or Supplemental Property in the Limit of Insurance on the building is 25% or more.	
5a. 🛚	Add the following covered Causes of Loss:	5b. ☐ Delete the following covered Causes of Loss:	
	☐ Extended Coverage ☐ Vandalism	☐ Sprinkler Leakage	
6.	☐ Add Mortgage Holder ☐ Loss Payee (Enclose coy of contract for all Loss Payees and non-institutional mortgage holders) Complete and enclose Mandatory Building Fire Application is required (form MUA-CA-1) for Massachusetts or Supplemental Property Application (Accord 190) for Rhode Island if a new mortgagee is being added.		
	Amend Mortgage Holder / Loss Payee	elete mortgagee – (if a non-institutional mortgagee, provide a release statement)	
	Name:		
7. 🗆	Additional Item to be added (new application MUA-1C for	Massachusetts or RIA-IC for Rhode Island) required. Refer to Producer's Manual.	
8. 🗆	Other changes/Remarks:		
* Market Value is defined as the value that a property will bring on the open market less the value of the land on which the building or structure is situated.			
be groun		failure to pay the premium due by the due date shown on the endorsement premium invoice shall srepresentation of a material fact or circumstances hereon may void the policy. Signed under the	
	INCLIDEDIC CIONATURE	MILA DIA LIND 70 (4/00)	