

ENDORSEMENT REQUEST FOR DWELLING FIRE INSURANCE  
**MASSACHUSETTS PROPERTY INSURANCE UNDERWRITING ASSOCIATION**  
**RHODE ISLAND JOINT REINSURANCE ASSOCIATION**  
 TWO CENTER PLAZA, BOSTON, MASSACHUSETTS 02108-1904  
 TOLL FREE TELEPHONE NUMBERS: FROM MASS 1-800-392-6108 FROM RI 1-800-851-8978  
 FOR DETAILED INSTRUCTIONS REFER TO PRODUCERS MANUAL  
 THIS ENDORSEMENT REQUEST CANNOT BE USED FOR HOMEOWNER OR COMMERCIAL FIRE POLICIES.

Undr Initials
Date
<input type="checkbox"/> Approved <input type="checkbox"/> Rejected

NAME OF LICENSED BROKER OR AGENT	DATE
NO STREET	POLICY NO
CITY STATE ZIP CODE	INCEPTION DATE OF POLICY
TELEPHONE 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 of Insured: \_\_\_\_\_

Location of Property: \_\_\_\_\_

\*Present Market Value \_\_\_\_\_

CHECK BOX  TO INDICATE CHANGES(S) REQUESTED

1.  Change named insured to: \_\_\_\_\_

1A. If dwelling is tenant-occupied, please attach a completed Mandatory Building Fire Insurance Application (form MUA-CA-1) for Massachusetts or Supplemental Property Application (Accord 190) for Rhode Island

2.  Change mailing address to: \_\_\_\_\_

3.  Amend location of property to: \_\_\_\_\_

4.  Increase  Decrease Limits to: (Indicate reason/Provide documentation for change)  
 Coverage A \$ \_\_\_\_\_ Coverage B \$ \_\_\_\_\_ Coverage C \$ \_\_\_\_\_ Coverage D \$ \_\_\_\_\_

4A. If the dwelling is tenant-occupied and building coverage increase is 25% or more, please attach a completed Mandatory Building Fire Insurance Application (form MUA-CA-1) for Massachusetts or Supplemental Property Application (Accord 190) for Rhode Island.

5.  Add  Delete  
 Coverage B \$ \_\_\_\_\_ Coverage C \$ \_\_\_\_\_ Coverage D \$ \_\_\_\_\_ Other \_\_\_\_\_

6.  Add  Delete Perils: Extended coverage \_\_\_\_\_ Vmm \_\_\_\_\_

7. Mortgagee change:  
 Delete mortgagee – former mortgagee satisfied (if a non-institutional mortgagee, provide a release statement)  
 Add new mortgagee  Amend mortgagee (if a non-institutional mortgagee provide a copy of the Mortgage Agreement)  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

7A. If a mortgagee is being added or changed, a Mandatory Building Fire Application is required (form MUA-CA-1) for Massachusetts or Supplemental Property Application (Accord 190) for Rhode Island.

8.  Other changes/Remarks: \_\_\_\_\_

9. The name of the person the inspector can contact is: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
NAME Home Business

\*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.

I understand that if, as a result of this request, an additional premium is due, failure to pay the premium due by the due date shown on the endorsement premium invoice shall be grounds for cancellation of the entire policy. Any willful concealment or misrepresentation of a material fact or circumstances hereon may void the policy. Signed under the pains and penalties of perjury.

\_\_\_\_\_  
 INSURED'S SIGNATURE

MUA-RIA-UND-94 (1/00)