

TO:

ENDORSEMENT REQUEST FOR HOMEOWNERS 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

READ INSTRUCTIONS ON BACK OF LAST COPY

THIS ENDORSEMENT REQUEST CANNOT BE USED FOR DWELLING FIRE OR COMMERCIAL FIRE POLICIES.

|                                   |
|-----------------------------------|
|                                   |
| Und Initials                      |
|                                   |
| Date                              |
| <input type="checkbox"/> Approved |
| <input type="checkbox"/> Rejected |

|   |   |
|---|---|
| NAME OF LICENSED BROKER OR AGENT _____<br>NO. _____ STREET _____<br>CITY _____ STATE _____ ZIP CODE _____<br>TELEPHONE NUMBER _____ | Date: _____<br>Policy No.: _____<br>Inception Date of Policy: _____<br>This request shall not become effective until accepted by the Association.<br>Requested effective date of endorsement will be date of receipt of this<br>application by the Association, unless a later date is specified here:<br>_____ |
|---|---|

Name of Insured: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Current Amount of Insurance: Coverage A \$ \_\_\_\_\_ Coverage B \$ \_\_\_\_\_ Coverage C \$ \_\_\_\_\_  
Coverage D \$ \_\_\_\_\_ Coverage E \$ \_\_\_\_\_ Coverage F \$ \_\_\_\_\_

CHECK BOX  TO INDICATE CHANGES(S) REQUESTED

- Change named insured to: \_\_\_\_\_
- Change mailing address to: \_\_\_\_\_
- Amend location of property to: \_\_\_\_\_
- Change of location for HO-4 policy only (unscheduled personal property transferred to new location)  
Complete this Section: Number of apartments in building \_\_\_\_\_  
Name of fire dept. \_\_\_\_\_ Terr. Code \_\_\_\_\_ Prot. Class \_\_\_\_\_ Prem. Group \_\_\_\_\_  
Construction of dwelling:  Frame  Masonry Veneer  Masonry  Superior or Fire Resistive  
Not more than \_\_\_\_\_ feet from fire hydrant. Not more than \_\_\_\_\_ miles from fire department.
- Changes to Section I & II Limits  
 Increase (Indicate reason for increase under "Remarks" Item # 9)  Decrease  
Coverage A \$ \_\_\_\_\_ Coverage C \$ \_\_\_\_\_ Coverage D \$ \_\_\_\_\_ Coverage E \$ \_\_\_\_\_ Coverage F \$ \_\_\_\_\_
- To add/change endorsements, indicate endorsement numbers and provide necessary fill in information.  

|                          |                          |                    |                     |
|--------------------------|--------------------------|--------------------|---------------------|
| Add                      | Change                   | Endorsement No(s). | Fill In Information |
| <input type="checkbox"/> | <input type="checkbox"/> | HO -               |                     |
| <input type="checkbox"/> | <input type="checkbox"/> |                    |                     |
| <input type="checkbox"/> | <input type="checkbox"/> |                    |                     |
- To delete endorsements entirely from the policy indicate endorsement numbers.  
 Delete Endorsement numbers: 1. HO- \_\_\_\_\_ 2. HO- \_\_\_\_\_
- Mortgagee change:  
 Delete mortgagee - former mortgagee satisfied (if a non-institutional mortgagee, provide a release statement)  
 Add new mortgagee - (if a non-institutional mortgagee, state amount of outstanding interest and provide a copy of the Mortgage Agreement)  
\$ \_\_\_\_\_  
 Amend mortgagee  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- Other changes: \_\_\_\_\_
- Remarks: \_\_\_\_\_
- The name of the person the inspector can contact is:  
Telephone no.: Home \_\_\_\_\_ Business \_\_\_\_\_

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.

\_\_\_\_\_

**INSTRUCTIONS**

1. All endorsements will be issued by Massachusetts Property Insurance Underwriting Association or Rhode Island Joint Reinsurance Association. No producer has or shall have authority to bind the Association in any manner.
2. Item 1 - Change named insured - must be accompanied by "Transfer of Ownership" and "Application for Assignment or Transfer of Policy".
3. Item 7 - Mortgagee change - If deleting a non-institutional mortgagee, a release statement must be provided. If adding a non-institutional mortgagee, a copy of mortgage agreement and amount of outstanding interest must be provided.
4. Requests for increase in the amount of insurance and/or requests for additional coverage endorsements (Item No's. 4 & 5) will be processed effective the date this request is received, unless a later date is indicated. Request for Coverage A increase (Item No. 4) must have an explanation under Item 9 – Remarks- indicating the reasons. If request for increase is due to improvement to the property, sufficient documentation must be provided in order to justify the increase (i.e. expense receipts, revised Home Cost Estimator worksheet, when available).
5. Request for decrease in the amount of insurance (Item No. 4), or deletion of an endorsement (Item No. 6) will be processed effective the date this request is received unless a different date is requested. The date, however, may not be more than ten days prior to the date this request is received by the Association.
6. Additional Premium Endorsements
  - a. On policies written under the Premium Installment Payment Program after the initial down payment, any additional premium resulting from an endorsement will be added equally to any remaining installments. If no installment payments remain, the total additional premium will be due within 30 days of the Endorsement Premium Invoice issue date.
  - b. On policies not written under the Premium Installment Payment Program, or for policies without pending premium installment whenever an endorsement results in an additional premium, MPIUA/RIJRA will issue to the producer an Amended Declaration and Endorsement Premium Invoice. The Endorsement premium will be due within 30 days of the endorsement issue date.
7. Return Premium Endorsement
  - a. On policies written under the Premium Installment Payment Program after the initial down payment, any return premiums resulting from an endorsement will be deducted from the next installment. If no installment payments remain, the total return premium will be forwarded to the producer, made payable to the insured, within 30 days of the endorsement issue date.
  - b. On policies not written under the Premium Installment Payment Program, or for policies without pending premium installments, whenever an endorsement results in a return premium, MPIUA/RIJRA will issue an Amended Declaration. A return premium check will be mailed to the producer, made payable to the insured, within 30 days of the endorsement issue date.