



ENDORSEMENT FORM

REQUEST FOR ENDORSEMENTS MUST BE ACTUAL AND TRUTHFUL. ANY FALSE OR FRAUDULENT INFORMATION MAY RESULT IN DENIAL OF COVERAGE.

Policy No. _____ Insured's Name _____

Producer Name _____ Producer No. _____

Effective Date of Change _____

Add Name: _____

Change Name to: _____

Change Address to: _____

Change Policy Period Term: _____ From: _____ To: _____

Cancel Policy Reason: _____

Effective Date of Cancellation: _____

Reinstate Policy

Endorsement	<input type="checkbox"/> 1 Add				<input type="checkbox"/> 2 Delete		<input type="checkbox"/> 3 Change			
	Car 1	Car 2	Car 3	Car 4		Car 1	Car 2	Car 3	Car 4	
BI					Med					
PD					Comp.					
UM					Coll.					
Class Code					Tow					
Point					Rental					
Surcharge					Symbol Code					
FR					H.P. Surcharge					

<input type="checkbox"/> Change of Car #		<input type="checkbox"/> Add Car #			<input type="checkbox"/> Delete Car #		
Year	Make	Model	Body Type	VIN #	Value	Purchased	

<input type="checkbox"/> Add Driver					Licensed 36 mos.?		
Name	Birth Date	Sex	Married	Driver's License No.	Yes/No	Phone #	Occupation

Exclusion of Driver from Policy (must include a signed and dated American Freedom Insurance Company exclusion form)

Loss Payee Car #: _____

THE ENDORSEMENT ISSUED PURSUANT TO THIS REQUEST FORM IS VALID ONLY IF SIGNED BY THE APPLICANT OR THE AGENT OF THE APPLICANT ACTING ON BEHALF OF THE APPLICANT.

Applicant

Applicant's Agency

Time and Date Requested