

**TML RISK MANAGEMENT POOL**  
**ENDORSEMENT REQUEST FORM**

INSURED: \_\_\_\_\_

AGENT: \_\_\_\_\_

WORKERS COMPENSATION:       LIABILITY:       PROPERTY:

EFFECTIVE DATE OF ENDORSEMENT: \_\_\_\_\_

ADDITION OF PROPERTY VALUES ABOVE AUTOMATIC NEWLY ACQUIRED LIMIT

LOCATION: \_\_\_\_\_

CONSTRUCTION: \_\_\_\_\_      PROTECTION CLASS: \_\_\_\_\_

VALUE: \_\_\_\_\_      RC: \_\_\_\_\_ ACV: \_\_\_\_\_

FIRE OR UTILITY DEPARTMENT VEHICLE WITH VALUE OVER \$100,000

DESCRIPTION: \_\_\_\_\_

STATED AMOUNT: \_\_\_\_\_

ADD  
 DELETE

AMEND LIMIT(S) OF LIABILITY

LINE(S) OF COVERAGE: \_\_\_\_\_

REQUESTED LIMIT(S): \_\_\_\_\_

AMEND DEDUCTIBLE(S)

LINE(S) OF COVERAGE: \_\_\_\_\_

REQUESTED DEDUCTIBLE(S): \_\_\_\_\_

LINE(S) OF COVERAGE

Please attach applicable documentation for this request.

ADD  
 DELETE

DEPARTMENT(S) OR SERVICE(S)

Please attach applicable documentation for this request.

ADD  
 DELETE

REQUESTED BY: \_\_\_\_\_      DATE: \_\_\_\_\_