



NIF Insurance Services of California

a division of NIF Group, Inc.
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Endorsement Request Form

Request Date: _____ Need By: _____ Renewal Request? If "yes", prior Certificate # _____

Insured Name: _____ Policy Number: _____

Agency: _____ Requested By: _____

Certificate Holder & Address: _____

- Coverages: General Liability Property Excess Inland Marine
 Additional Insured Automobile Loss Payee Mortgage

Please provide a **detailed description of operations** to be performed by insured: _____

This project is: Commercial Residential Wrap-Up or Owner Controlled Insurance Program (OCIP)
(includes apartments)

Project Name: _____

Project Description: _____

Project Location: _____

Endorsements providing products/completed operations coverage are only available for commercial projects (including apartments).

When will project begin? _____

Has project been completed? Yes No If not complete, when is expected completion date? _____

Note: Concealment, misrepresentation or falsification of information relating to your insurance, including any application for additional insured coverage, may result in cancellation or voiding of all or parts of the policy, including any endorsements thereto.

I hereby certify that the information provided on this application, and all documents submitted in support of this application, are complete, accurate and truthful in all respects. I understand that no Additional Insured Endorsement will be issued if cancellation of my policy is pending for non-payment of premium, fees, deductibles or other outstanding amounts, or for other underwriting reasons.

I understand and acknowledge that neither NIF Insurance Services of California nor the insurance carrier affording coverage has made, or is required or expected to make, any determination or representation:

- a) that the additional insured coverage afforded by the endorsement hereby applied for includes all legal liability imposed or assumed under any contract between the named insured under this policy, and any additional insured as to whom that endorsement may be issued; or
- b) as to the scope, legal effect, or advantages or disadvantages of any contractual obligations, including those of indemnity set forth in any such contract.

Insured Signature (**required**): _____ Title: _____ Date: _____

Please check the desired Endorsement:

<input type="checkbox"/> CG 20 11 01 96 (Primary Wording) Additional Insured	<input type="checkbox"/> CG 20 10 11 85 (Primary Wording) Additional Insured	<input type="checkbox"/> CG 24 04 10 93 General Liability Waiver of Transfer Rights of Recovery Against Others to Us ("Waiver of Subrogation") <input type="checkbox"/> Blanket Form
<input type="checkbox"/> CG 20 26 11 85 Additional Insured	<input type="checkbox"/> CG 20 37 07 04 (Primary Wording) Additional Insured <input type="checkbox"/> Blanket Form	<input type="checkbox"/> CG 25 03 03 97 Designated Construction Project(s) General Aggregate Limit