

ENDORSEMENT FORM

DATE _____ COMPANY _____ POLICY NO. _____

NAME _____ CO-OWNER (relation) _____

ADDRESS (verify) _____

PHONE NUMBERS (verify) _____

E-MAIL ADDRESS _____

AUTOMOBILE INFORMATION (ASK IF THE VEHICLE IS REPLACING A VEHICLE ON POLICY?). GET A COPY OF THE REGISTRATION OR BILL OF SALE:

YEAR MAKE/MODEL BODY TYPE/CYLINDERS/ALARMS USEAGE

REVIEW DESIRED COVERAGES:
(PHYSICAL DAMAGE?) _____

LIENHOLDER/ADDITIONAL INTEREST:

NAME ADDRESS ACCOUNT NUMBER

VERIFY IF THERE ARE ANY ADDITIONAL DRIVERS IN HOUSEHOLD OR WILL THERE BE ANYONE ELSE DRIVING THIS VEHICLE?

NAME D/O/B RELATION SS NO./LICENSE NO.

PLEASE TAKE THE TIME TO VERIFY AND ASK IF ANY NEW DRIVER HAS HAD AN ACCIDENT- REGARDLESS OF FAULT, OR BEEN CONVICTED OF A MOVING VIOLATION WITHIN THE LAST 3 YEARS OR HAD A COMPREHENSIVE CLAIM?

DATE DESCRIPTION OF ACCIDENT/CONVICTION/CLAIM AMOUNT

HAS ANY NEW DRIVER HAD A LICENSE SUSPENSION OR REVOCATION IN THE LAST 3 YEARS (5 IN VIRGINIA) OR DO THEY NEED AN SR-22 FILING?—IF YES, DESCRIBE:

PLEASE REMEMBER TO TRY AND CROSS-SELL THE ACCOUNT! REVIEW THE FILE 8T REMIND THE CLIENT THAT WE ALSO SELL PROPERTY INSURANCE, BUSINESS INSURANCE, LIFE INSURANCE 6T ANNUITIES. REMEMBER TO ASK CLIENT IF THEY HAVE FAMILY OR FRIENDS THAT WOULD BE INTERESTED IN A QUOTE!

YOU WILL MAKE \$ 10 MINIMUM FOR EACH ACCOUNT THAT IS CROSS-SOLD OR REFERRAL OBTAINED & SOLD!