



P.O.Box 12058
Austin, TX 78711-2058
(800) 859-5995
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AGENT'S REQUEST FOR ENDORSEMENT

Name of Insured: Policy Number:
Name of Agency: Policy Term From: To:
Contact: Effective Date of Change:
Telephone: Time:
Address:
Agent Signature: Date:

Please check any endorsements that need to be added, deleted, or changed for the above policy, and briefly describe the specifics of the change.

- Amend Experience Modifier (Please include latest experience modifier worksheet.)
Amend Employer's Limits of Liability
Amend Payroll and/or Class Codes
Add a Blanket or Specific Waiver of Subrogation (If specific, provide class code & payroll.)
Request a Notice of Material Change
Amend or add a Named Insured (Include ERM-14)
Add, change, or delete a location (Please provide complete physical address, number of employees, and any applicable payroll for location additions.)
Request a LHW, OCS or Maritime Endorsement (Please provide supplemental application(s).)
Other Endorsements

Return this application to: Texas Mutual Insurance Company
P.O.Box 12058
Austin, TX 78711-2058
(800) 859-5995