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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