



FIRST MARINE UNDERWRITERS

Endorsement Form Request



FAX REQUEST TO 573-348-5638

AGENCY NAME _____ **AGENCY NO.** _____

DATE OF REQUEST _____ **EFFECTIVE DATE** _____

POLICY NO. _____ **INSURED'S NAME** _____

CHANGE THE FOLLOWING:

ADDRESS _____ **PHONE NUMBER** _____

_____ **ZIP CODE** _____

BOAT----- MANUFACTURER _____ **MODEL** _____

YEAR _____ **LENGTH** _____ **SER. NO.** _____

ENGINE----MANUFACTURER _____

YEAR _____ **HP** _____ **SER. NO.** _____

TRAILER---MANUFACTURER _____

YEAR _____ **LENGTH** _____ **SER. NO.** _____

ADDITIONAL EQUIPMENT: TROLLING MOTOR, DEPTHFINDER/GRAPH, OTHER:

MAKE _____ **SER. NO.** _____ **VALUE \$** _____

MAKE _____ **SER. NO.** _____ **VALUE \$** _____

| | | | | |
|---------------|-------|----------------|----|-------|
| VALUES | ----- | BOAT | \$ | _____ |
| | | ENGINE | \$ | _____ |
| | | TRAILER | \$ | _____ |

CHANGE/ADD LIENHOLDER OR ADDITIONAL INSURED:

ADDRESS _____ **PHONE NUMBER** _____

_____ **ZIP CODE** _____

ADDITIONAL INFORMATION:
