



6210 East Highway 290
Austin, TX 78723-1098
(800) 859-5995
FAX (800) 359-0650

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 WC-RFI) _____

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
6210 East Highway 290
Austin, TX 78723-1098
(800) 859-5995**