

ENDORSEMENT REQUEST FORM



Response Indemnity Company of California
PO Box 260599
Plano, TX 75075-4729
Phone: (800) 959-9956 * Fax: (858) 592-0992

Producer #	Date & Time Faxed: _____
Name	Original endorsement must be mailed next business day
Address	
City, ST Zip	
Address Change	
City	
State	
Zip Code	

Policy Number
Named Insured
Name Change
Reason For Name Change
Name Correction
Phone Change

Drivers:

Circle "Add" or "Exclude" to change the drivers on your policy. Named Insured cannot be excluded. Drivers will not be excluded without a completed and signed exclusion.

Add	Name	Male	Married	Date of Birth	Driver's License #	State	Points	Occupation
Exclude		Female	Single					
Add	Name	Male	Married	Date of Birth	Driver's License #	State	Points	Occupation
Exclude		Female	Single					
Add	Name	Male	Married	Date of Birth	Driver's License #	State	Points	Occupation
Exclude		Female	Single					

Vehicles:

Circle "Add", "Delete" or "Revise" to change the coverages on your policy. Also denote any additional coverages or deductibles desired by circling. Photos and inspection must be completed when applicable.

Add	Year	Make	Model	VIN #	LIABILITY	COMP	COLL	CDW	MP	RR
Revise						100	100			
Delete						250	250			
						500	500			
						750	750			
						1,000	1,000	UMBI	UMPD	
						2,000	2,000			
Add	Year	Make	Model	VIN #	LIABILITY	COMP	COLL	CDW	MP	RR
Revise						100	100			
Delete						250	250			
						500	500			
						750	750			
						1,000	1,000	UMBI	UMPD	
						2,000	2,000			
Add	Year	Make	Model	VIN #	LIABILITY	COMP	COLL	CDW	MP	RR
Revise						100	100			
Delete						250	250			
						500	500			
						750	750			
						1,000	1,000	UMBI	UMPD	
						2,000	2,000			

Include PHOTOS if a vehicle addition with Physical Damage, UM/UIM, coverage is requested.

Please list any existing vehicle damage and indicate which vehicle by Year/Make/Model.

Lienholder:

Name	Indicate which vehicle by Year/Make/Model
Address	City, State Zip Code

Additional Interest

Name	Indicate which vehicle by Year/Make/Model
Address	City, State Zip Code

Policy Number: _____ **Named Insured:** _____

Named Operator Exclusion (RIA07 (08/2019))

It is agreed that the insurance that may be afforded by the policy, or any renewal thereof, shall not apply with respect to any claim arising from accidents which occur while any automobile is being operated by or in the care, custody or control of or entrusted to another by:

Name: _____ DOB: _____ Relation: _____
Name: _____ DOB: _____ Relation: _____
Name: _____ DOB: _____ Relation: _____
Name: _____ DOB: _____ Relation: _____
Name: _____ DOB: _____ Relation: _____
Name: _____ DOB: _____ Relation: _____

This Named Operator Exclusion is made pursuant to California Insurance Code Section 11580.1 (d) automobile liability insurance; Section 11580.2 (a) uninsured motorist-bodily injury coverage; and Section 11580.26 (c) uninsured motorist-property damage coverage. It is a complete deletion of all coverages when any vehicle is operated by or in the care, custody or control of or entrusted to another by the above designated individuals, including uninsured motorist benefits, if selected, for either bodily injury or property damage.

SIGNATURE **X**

Cancellation Request

Please cancel my policy per insured request effective: _____

I understand that by signing this section **I will no longer have coverage afforded to me on or after the date listed above.**

SIGNATURE **X**

ENDORSEMENT DOWN PAYMENT PROCEDURE:

Collect a down payment of at least 17% of the difference between the 6-month premium before the change and the new 6-month premium (17% of the additional premium before pro-rating for the remaining policy term will equal approximately 1 month's additional premium). If you are unsure how to compute this amount you may collect a flat \$50.00 with any additional premium endorsement on a policy for liability only; collect \$100.00 if physical damage coverage is included.

EXAMPLE: Policy currently total premium \$550.00, add vehicle during the 3rd month. Rate the new vehicle alone, 6-month premium is \$500.00. New 6 month policy premium is \$1,050.00 less the old 6 month premium of \$550.00 = \$500.00 difference. 17% of \$500.00 = \$85.00 down. The pro-rata additional will be just \$250.00 but \$85.00 down payment is required to cover one-month additional premium and ensure that your insured receives a bill with enough notice to make payment before the policy cancels.

Return Premium endorsements require no down payment; the credit will be applied reducing one or all of the future installments. A large return may satisfy an entire monthly payment. If the policy has been paid in full, credit will be applied to the renewal or refunded directly to the insured.

Special Instructions:

(Garage Address, Notes, etc.)

Policy Number:	Named Insured:
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Deletion of Uninsured Motorist Bodily Injury Coverage (RICC RIA05 (2019/08))

DELETION OF UNINSURED MOTORIST BODILY INJURY COVERAGE - The California Insurance Code requires an insurer to provide uninsured motorist coverage in each bodily injury liability insurance policy it issues covering liability arising out of the ownership, maintenance, or use of a motor vehicle. Those provisions also permit the insurer and the applicant to delete the coverage completely or to delete the coverage when a motor vehicle is operated by a natural person or persons designated by name or agree to provide such coverage in an amount less than that required by subdivision (m) of Section 11580.2 of the insurance Code, but not less than the financial responsibility requirements. Uninsured motorist coverage insures the insured, his or her heirs, or legal representatives for all sums within the limits established by law, which the person or persons are legally entitled to recover as damages for bodily injury, including any resulting sickness, disease, or death, to the insured from the owner or operator of an uninsured motor vehicle not owned or operated by the insured or a resident of the same household. An uninsured motor vehicle includes an underinsured motor vehicle as defined in subdivision (p) of Section 11580.2 of the Insurance Code.

I HEREBY AGREE TO REJECT UNINSURED MOTORIST BODILY INJURY COVERAGE - This rejection shall be binding upon every insured to whom the policy or endorsement provisions apply while the policy is in force and shall continue to be so binding with respect to any continuation or renewal of the policy, or with respect to any other policy which extends, changes, supersedes, or replaces the policy issued to the named insured by the same insurer or with respect to reinstatement of the policy within 30 days of any lapse thereof.

I HAVE READ THIS AGREEMENT. I UNDERSTAND THAT BY SIGNING IT I WAIVE UNINSURED MOTORIST BODILY INJURY COVERAGE. IT IS MY INTENT TO WAIVE UNINSURED MOTORIST BODILY INJURY COVERAGE.

SIGNATURE **X**

Deletion of Uninsured Motorist Property Damage Coverage (RICC RIA06 (2019/08))

DELETION OF UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE – When Uninsured Motorist Bodily Injury coverage is not rejected, the California Insurance Code requires insurers to offer coverage for damage to the insured motor vehicle to the extent that you are legally entitled to recover from the owner or operator of the uninsured motor vehicle, caused by an uninsured motor vehicle, that either 1) pays for the collision deductible on the insured motor vehicle when you have purchased collision coverage: or 2) pays for the damage to the insured motor vehicle and shall not exceed the smaller of the actual cash value of the insured motor vehicle or \$3500.

I HEREBY AGREE TO REJECT UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE - This rejection shall be binding upon every insured to whom the policy or endorsement provisions apply while the policy is in force and shall continue to be so binding with respect to any continuation or renewal of the policy, or with respect to any other policy which extends, changes, supersedes or replaces the policy issued to the named insured by the same insurer or with respect to reinstatement of the policy within 30 days of any lapse thereof. I HAVE READ THIS AGREEMENT. I UNDERSTAND THAT BY SIGNING IT I WAIVE UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE. IT IS MY INTENT TO WAIVE UNINSURED MOTORIST PROPERTY DAMAGE COVERAGE

SIGNATURE **X**

Premium Attached: \$

Insured's Statement:
I acknowledge that the above changes to my policy are correct and truthful and I understand these changes to my automobile insurance policy coverage.

Producer's Statement:
I acknowledge that the signatures contained herein were made by the named insured and the above coverages herein were explained in detail to the insured.

Insured's Signature: **X**

Date:

Producer's Signature: **X**

Date: