



# ENDORSEMENT AGREEMENT

## Instructions:

This form is intended for the use of making changes to the original Certificate of Insurance.

Please complete sections 1 thru 3. This form should be returned to our office, along with any additional forms that are provided by the Home Office.

If you have any questions, or for additional information, please contact us at ☎ **1-800-772-8632**.

## 1. INSURED INFORMATION

FIRST (MI) LAST NAME \_\_\_\_\_

CERTIFICATE \_\_\_\_\_

AS OF DATE (M/D/YYYY) \_\_\_\_\_

I hereby submit my current certificate in the amount of \$ \_\_\_\_\_ and request the following changes to be made therein: (indicate change requested by placing an "X" in the square in the section headers)

### INCREASE IN AMOUNT OF INSURANCE

Increase Amount of Insurance to \$ \_\_\_\_\_

- ✓ Premium or difference of Cash Reserve to be paid in the amount of \$ \_\_\_\_\_
- ✓ Entire original Certificate of Insurance – or – Affidavit for Loss or Destruction of Certificate (A012-1048)
- ✓ Insurance Application for approval by Underwriting

### DECREASE IN AMOUNT OF INSURANCE

Decrease Amount of Insurance to \$ \_\_\_\_\_

- ✓ Entire original Certificate of Insurance – or – Affidavit for Loss or Destruction of Certificate (A012-1048)

### REDUCED PAID UP INSURANCE

Reduced Paid Up Insurance for \$ \_\_\_\_\_

- ✓ Entire original Certificate of Insurance – or – Affidavit for Loss or Destruction of Certificate (A012-1048)

### CHANGE OF PLAN

Change of Plan of Insurance from \_\_\_\_\_ to \_\_\_\_\_  
OLD PLAN/CLASS NEW PLAN/CLASS

- ✓ Premium or difference of Cash Reserve to be paid in the amount of \$ \_\_\_\_\_
- ✓ Entire original Certificate of Insurance – or – Affidavit for Loss or Destruction of Certificate (A012-1048)

### EXTENDED INSURANCE

Extended Insurance for: \_\_\_\_\_ years \_\_\_\_\_ days

Terminates on \_\_\_\_\_

Calculation Date (Paid To Date) \_\_\_\_\_

2. SIGNATURES



SIGNATURE OF OWNER

DATE OF SIGNING – (MONTH/DAY/YEAR)

STREET ADDRESS / CITY, STATE, ZIP CODE



SIGNATURE OF NOTARY PUBLIC

DATE OF SIGNING – (MONTH/DAY/YEAR)

SEAL:

3. ADDITIONAL INFORMATION

Please mail all pages of this completed form to:

SECRETARY-TREASURER DEPARTMENT  
POLISH ROMAN CATHOLIC UNION OF AMERICA  
984 N MILWAUKEE AVE  
CHICAGO, IL 60642-4101

INTERNAL OFFICE USE ONLY

PROCESSED BY:

(PLACE DEPARTMENT RECEIVED STAMP BELOW)

PERSONNEL

DATE