



First Professionals Insurance Company

ENDORSEMENT REQUEST FORM

Date Submitted: _____ Effective Date of Change: _____

Request Made By: _____ Agency Name: _____

Policy Name: _____

Policy Number: _____

Physician Name: _____ Physician's ID #: _____

Please indicate the type of Endorsement you are requesting: (check correct response)

- Major Class Change: *Requires signed letter from group*
- Limit Change: *Requires Limit Change Form and letter from group*
- Primary Address Change: *Requires signed letter from group*
- Employee Coverage Add: *(Specify Designated, Allied, or Vicarious) Vicarious employee requires a Declarations Page; Designated and Allied employee requires a Completed Application and letter from group*
- Employee Coverage Delete: *Requires signed letter from group*
- Convert an Individual to a Group Policy: *Requires signed letter from group and from doctor*
- Convert Group Policy to an Individual Policy: *Requires signed letter from group*
- Retro Date Change: *Requires supporting documentation (Declarations Page)*
- Addition of Corporate Affiliation: *Requires legal corporation paperwork*
- Deletion of Corporate Affiliation: *Requires signed letter from group*
- Cancel Coverage: *Requires signed letter from group*
- Reinstate Coverage: *Requires signed letter from group*
- Physician Coverage Add: *Requires Completed FPIC Application (attached)*
- Physician Coverage Delete: *Requires signed letter from group*
- Non-Insured Coverage Add: *Requires a copy of the doctor's Insurance Declarations Page*
- Non-Insured Coverage Delete: *Requires signed letter from group*
- Slot Doctor Add: *Requires Completed FPIC Application (attached)*
- Slot Doctor Delete: *Requires signed letter from group*
- Full-time to Part-time Status Change: *Requires FPIC-117 (10/97) Application for Rate Discount: Part-time Practice*
- Name Change: *Articles of Incorporation*
- Miscellaneous: _____

Comments:

Please be advised: in order for the above requested endorsement to be processed accurately and in a timely manner, this form and any other required item as stated above, must be returned to FPIC.

ALL RELATED SUPPORTING DOCUMENTATION MUST BE ATTACHED!

Please return this form and all supporting documentation, to the attention of: FPIC Underwriting Department.