



## **INSTRUCTIONS:**

- a) Save and label this form to your computer where you can easily find it.
- b) Complete the form on your computer. Complete only the section that applies to your request.
  - Add a new location;
  - Add an Additional Insured or Certificate of Insurance Holder; or
  - Other policy change.
- c) Save a copy of the completed form for your records.
- d) Email the completed form to: [specialevent@hubinternational.com](mailto:specialevent@hubinternational.com).

---

## **Request an Endorsement or Certificate of Insurance for Previous Issued Policy**

### **SECTION 1:**

Provide all of the information requested in this section.

#### Current Policy Information:

1. First Named Insured:
2. Member Endorsement Number:

#### Your Contact information:

3. First Name: Last Name:
4. Your Phone Number:
5. Your Email Address:
6. Endorsement Effective Date:

---

### **SECTION 2:**

Provide only the information required for the type of request you are making.

7. Select the type of Endorsement Request you want to make:
  - Add a new location
  - Add an Additional Insured or Certificate of Insurance Holder
  - Other policy change

If other policy change:

7a. Describe the change in detail:

If add a new location:

7b. Location Name & Street Address:

City:

State:

Zip Code:

7b.1. Property owner or manager to be included as an Additional Insured or Certificate of Insurance Holder. If there is more than one, provide complete name and mailing address for each one.

Name:

Mailing address:

Name:

Mailing address:

Name:

Mailing address:

Name:

Mailing address:

Name:

Mailing address:

7c. If add an Additional Insured or Certificate of Insurance Holder, provide:

Name:

Mailing address:

7c.1. Select the type of Additional Insured or Certificate of Insurance Holder:

7c.1.a. If Vendor - Other or Other, describe other:

7c.2. Number of days this Additional Insured is at, or associated with, your event: