Customer #: _____
Year: _____
WC / ENDP

ENDORSEMENT REQUEST – WORKERS' COMPENSATION

Insured Name: INSERT INSURED NAME

Policy number: INSERT POLICY NUMBER

Effective: INSERT EFFECTIVE DATE

WORK COMP

Please add the following address to the WORKERS' COMPENSATION policy:

Payroll:

8293	_____	or	If Any
8810	_____	or	If Any
8742	_____	or	If Any

Other Code_____