

ENDORSEMENT REQUEST FORM

TO:	FROM: ASAHI INSURANCE AGENCY, INC. 319 EAST 2ND ST. #119 LOS ANGELES, CA 90012 TELL (213)617-7881 FAX (213)617-7882	
INSURED'S NAME	POLICY NUMBER	EFFECTIVE DATE
ENDORSEMENT TO BE EFFECTIVE		REQUESTED BY
DATE:	Time:	INSURED ABOVE
AM		
PM		

INSURED	
CORRECT INSURED'S NAME	
CHANGE INSURED'S ADDRESS & PHONE NUMBER	
ADDRESS:	
PHONE NUMBER:	() -

* Add / Delete / Change to

VEHICLE					
	YEAR	MAKE	MODEL	BODY TYPE	VEHICLE ID NUMBER

DRIVER					
	NAME	DATE of BIRTH	SEX	M/S	D/L NUMBER

COVERAGES								
	Liab. BI/PD	UM BI	UM PD	Med Pay	Comp.Ded.	Coll.Ded.	Towing	Rent

LOSSPAYEE		
Veh	NAME	ADDRESS

ADDITIONAL INSURED		
Veh	NAME	ADDRESS

OTHER CHANGES

COMMENTS

Applicant's Signature _____ Date _____