

## Endorsements:

1. Enter the name of the insured you wish to do an endorsement on in the Search By Applicant field. You may also search by policy number by clicking the Advanced Search link.

Start New Submission: [Ironshore HVHO](#)

Workspace | Pre Bind | Post Bind | Endorsement Requests | Ren

[Advanced Search](#)

Search by Applicant:

2. Select Request Endorsement under the Next Step section.

Showing 1 - 10 of 202 | [Search All](#)

Next Step
<a href="#">Request Endorsement</a>

3. Enter the effective date of the endorsement and select the type of endorsement being requested.

**FORM**

Applicant Name	Bob Smith
Current Effective Date	08/26/2013
Current Expiration Date	08/26/2014

**ENDORSEMENT REQUEST**

\* Endorsement Effective Date

\* Endorsement Requested

I have reviewed the endorsement and confirmed the information is correct

- Please Select
- Please Select
- Additional Insured (add/remove)
- Coverage Limits
- Deductibles
- Insured Name
- Mailing Address
- Mortgagee
- Optional Coverages
- Property Details
- Risk Address
- Manuscript

4. The system will display a column for New Value and Current Value. Enter the requested changes under the New Value column. Once completed, click the “I have reviewed the endorsement....”box and click Request Endorsement button.

**FORM**

Applicant Name Bob Smith  
Current Effective Date 08/26/2013  
Current Expiration Date 08/26/2014

**ENDORSEMENT REQUEST**

\* Endorsement Effective Date 08/27/2013   
\* Endorsement Requested Coverage Limits 

**COVERAGE LIMITS**

Coverage	New Value	Current Value
Additional Alteration	\$ 200,000	\$100,000
Personal Property	\$ 200,000	\$100,000
Loss of Use / Rents	\$ 20,000 <i>\$10,000, \$15,000, \$20,000 or \$25,000 only.</i>	\$10,000
Total Insured Value	\$ 420,000 <i>Maximum TIV for program is \$500,000.</i>	\$210,000
Loss Assessment	\$ 5,000	\$5,000
Personal Liability	300000 	\$300,000
Medical Payments	5,000 	\$5,000

I have reviewed the endorsement and confirmed the information is correct.

Request Endorsement

- The system will generate the endorsement quote providing a prorate and annual premium. If you wish to move forward with the quote, click Submit to Underwriter. If not, they will click No Thanks.

**PREMIUM**

	Premium - Current	Endorsement - Prorated	Endorsement - Annual
Premium	\$3,527.00	\$3,448.00	\$3,458.00
Policy Fee	\$35.00	\$0.00	
Surplus Lines Tax	\$178.10	\$172.40	
Stamping Fee	\$7.12	\$6.90	
EMPA Fee	\$2.00	\$0.00	
FHCF Fee	\$46.31	\$44.82	
CPIC Fee	\$35.62	\$34.48	
Total Policy Premium	\$3,831.15	\$3,706.60	

- Once the endorsement is submitted, a message will display advising that NRS will be notified and the request will be reviewed.

**Insured Name** Bob Smith  
**Request Date** 8/27/2013

Thank you. Your endorsement request has been sent to the Underwriter for review. Please click on the Workspace Tab above to return to your Workspace.

The following Underwriter has been assigned:

**Underwriter Name** Kathy Sofarelli  
**Underwriter Phone** (866) 417- 4855 x221  
**Underwriter Email** ksofarelli@nrsinsurance.com

7. If the endorsement qualifies, the Account Executive will issue the endorsement and a copy of the endorsement with an invoice will be sent to you. If the endorsement does not meet the guidelines, the Account Executive will decline the endorsement and will include a message as to why the endorsement is not eligible.