



# Endorsement Form

Fax: 858-458-0722 Email: ask@discoverbaja.com

Name of Insured: \_\_\_\_\_ Membership # \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax # \_\_\_\_\_

Policy # \_\_\_\_\_ Effective Date: \_\_\_\_\_

**\*Endorsements will expire the same date as the original Policy**

### **DELETE:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Value \_\_\_\_\_ Vin. # \_\_\_\_\_ Lic. # \_\_\_\_\_

U.S. Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ EXP. Date \_\_\_\_\_

Lienholder \_\_\_\_\_ State Registered \_\_\_\_\_

### **ADD:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Value \_\_\_\_\_ Vin. # \_\_\_\_\_ Lic. # \_\_\_\_\_

### **ADD:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Value \_\_\_\_\_ Vin. # \_\_\_\_\_ Lic. # \_\_\_\_\_

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Additional Premium \$ \_\_\_\_\_

**Change Fee \$ 10.00** \_\_\_\_\_

Total \$ \_\_\_\_\_

\_\_\_\_\_  
Credit card number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
CVC number