

Additional Insured/Loss Payee Request Form for Liability or Auto Physical Damage Coverage Only

*****Please include a copy of entire contract for review by LWMMI*****

- 1) Please complete form below (including date LWMMI approval is required by) and return to Julie Syse (jsyse@strohballweg.com).
- 2) If request is for property coverage, please contact property coverage carrier. LWMMI covers additional insureds or loss payees for liability/APD coverage only.
- 3) All state, government, railroad, utility, and finance company entities are automatically approved for additional insured or loss payee requests. However, request form information must be completed in order to for endorsement form to be issued.
- 4) Additional **endorsement premium charge of \$250 applies** to railroad and specific general endorsement requests. You will be informed of any additional premium charges upon approval of endorsement.

LWMMI Member/Insured:							
Contact Information (name and phone number) of Person Who is Requesting Endorsement Coverage:							
Date LWMMI Approval is Required By:							
Type of Additional Insured Request:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Lessor of Premises</td> <td style="width: 50%;">Loss Payee</td> </tr> <tr> <td>Lessor of Equipment & Vehicles</td> <td>Loss Payee (APD Only)</td> </tr> <tr> <td></td> <td>Other (General Endorsement)</td> </tr> </table>	Lessor of Premises	Loss Payee	Lessor of Equipment & Vehicles	Loss Payee (APD Only)		Other (General Endorsement)
Lessor of Premises	Loss Payee						
Lessor of Equipment & Vehicles	Loss Payee (APD Only)						
	Other (General Endorsement)						

Coverage for additional insured or loss payee is not approved or bound by completion of this form.

THE FOLLOWING LIMITATION OF COVERAGE AUTOMATICALLY APPLIES TO ALL ENDORSEMENTS:

Nothing contained within this endorsement or insurance policy is intended to be a waiver or estoppels of the contracting municipality or this insurer to rely upon the limitations, defenses, and immunities contained within Wisconsin law, including those contained within Wisconsin Statutes §893.80, §895.52, and §345.05. To the extent that indemnification is available and enforceable, the municipality or its insurer shall not be liable to the additional insured listed in this endorsement in indemnity or contribution for an amount greater than the limits of liability for municipal claims established by Wisconsin Law.

Effective Date(s) to Add Additional Insured/Loss Payee:	
Name of Additional Insured/Loss Payee:	
Address of Additional Insured/Loss Payee:	
Description of Request: <i>(please provide to what regards AI or Loss Payee requires liability coverage)</i>	
If Lessor of Premise, Please Provide Address of Premise:	
If Lessor of Equipment/Vehicle, Please Provide Equipment/Vehicle Information:	
Additional Information Regarding Endorsement Request:	
LWMMI OFFICE USE ONLY	Approved / Disapproved by LWMMI _____

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