

FROM: BLISS & GLENNON, INC.
POST OFFICE BOX 8010
REDONDO BEACH, CA 90277
FAX: _____

RE: POLICY #:

NAMED INSURED: _____

PLEASE REVIEW THE ATTACHED CERTIFICATE(S) OF INSURANCE WHICH REQUIRE UNDERWRITING ATTENTION. IF ACCEPTABLE, PLEASE ENDORSE.

CIRCLE IF
REQUESTING

| | |
|----------|--|
| YES / NO | WAIVER OF SUBROGATION (if policy does not include Blanket Waiver of Subrogation) |
| YES / NO | XXX-ING OUT OF THE "ENDEAVOR TO" CLAUSE |
| YES / NO | PRIMARY/NON-CONTRIBUTORY WORDING |
| YES / NO | PER PROJECT AGGREGATE (if not included in policy) |
| YES / NO | SEVERABILITY OF INTEREST |
| YES / NO | OTHER: _____ |

****PLEASE CONFIRM ALL ADDITIONAL PREMIUMS
ARE APPROVED BY THE INSURED****

ACCEPTED: _____ DATE: _____