## AIG PROGRAMS MANUSCRIPT ENDORSEMENT REFERRAL SHEET

Please complete all sections that apply to this request.

If you have any questions please call Product Development Team or email <u>ProgramsProdDevTeam@aig.com</u>.

#### MANUSCRIPTS MUST BE FILED IN THE FOLLOWING STATES: CA, DC, IN, MO, MS, NV, NH, NY, NC, ND, RI, TX & UT

### **SECTION I**

Date Referred:

Date Needed By:

Program Manager/Product Line Manager:

Program Name:

### **SECTION II - POLICY INFORMATION**

Named Insured:			
Named Insured State of Domicile:	Is this a NY Free Trade Zone policy?	Yes	No
Policy Number:	New Business	Renewal	
Policy Period:	Endorsement Effective Date:		
Base policy form number(s) and edition date(s) to be amended:			
Endorsement form number(s) and edition date(s) to be amended:			

### **SECTION III - MANUSCRIPT INFORMATION**

Is this a manuscript request to reuse a previously approved manuscript form number?		Yes	No		
List manuscript form number(s):					
How is this manuscript intended to be used?	Admitted	SURPLUS LINES	Вотн	CANADIAN	
Identify lines of business involved. Check all that apply and enter the number of manuscript forms in each category.					
General Liability (15)	Professional Liability (29)	Medical Malp	Medical Malpractice (29)		
Property (11)	Crime (25,34)	Inland Marine	(13)		
Commercial Auto (20,22)	Umbrella (37)	Lawyers Non-	Bureau (36)		
Other:					
Provide a complete description of the <b>underwrit</b> or standard endorsement wording and what risk	•		wording differs fro	om the coverage form	
Could this manuscript be used for other account	s in this program or for other pro	ograms within the Division?	Yes	No	
Explain:					
If this manuscript involves Commercial Auto, list all States where vehicles are garaged:					
Does this manuscript endorsement have a prem	ium charge?		Yes	No	

#### PLEASE ATTACH: COPY OF THE POLICY DEC PAGE TO WHICH THE MANUSCRIPT ENDORSEMENT WILL ATTACH AND WORD DRAFT VERSION OF MANUSCRIPT ENDORSEMENT

Z:\Product Development\ Product Development Forms\ AIG Programs Manuscript Endorsement Request Form

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### **SECTION IV - REQUIRED SIGN-OFFS**

Manuscript Endorsement Request Approved
Product Line Manager Signature:
Comments:
Manuscript Endorsement Request Approved
Product Line Officer Signature:
Comments:
Manuscript Endorsement Completed and Approved for Use by the Legal Department
Manuscript Endorsement Completed and Approved for Use by the Legal Department
Division Counsel Signature:
Division Counsel Comments:
The relevant jurisdiction's law governing manuscript endorsements has been reviewed and this manuscript endorsement may proceed as follows:
Manuscript exempt from filing Manuscript must be filed
Product Development Signature:
Product Development Comments:

## SECTION V - GENERAL COMMENTS

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