



# ENDORSEMENT WORKSHEET

**Instructions:** Please forward the completed form via email to Foursquare.GGB@ajg.com  
If you should have any questions please call 833-813-5580, dial 4 for customer service.

Foursquare Insurance Department approval is required for locations that are rented, leased, or purchased and are not listed on the a church's insurance property schedule.

Today's date: \_\_\_\_\_

**Church Code #** \_\_\_\_\_  
**Organization Legal Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City/ST/ZipCode/ County:** \_\_\_\_\_  
**Request By:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Address Change:**  Mailing  Location **Effective Date:** \_\_\_\_\_

**Location/Garage Address:**

**Building:** Type: \_\_\_\_\_ Use: \_\_\_\_\_ Bldg. Value: \_\_\_\_\_ Content Value: \_\_\_\_\_  
Description: \_\_\_\_\_  
Earthquake Yes \_\_\_\_\_ No \_\_\_\_\_ Flood Yes \_\_\_\_\_ No \_\_\_\_\_  
Square Feet: \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Lease \_\_\_\_\_

Add	_____
Change	_____
Delete	_____
Temporary Closure	_____
Certificate	_____

**Construction:** Frame \_\_\_\_\_ NonCombustible \_\_\_\_\_ Jointed Masonry \_\_\_\_\_ Fire Resistance \_\_\_\_\_  
**Roof:** Composite \_\_\_\_\_ Wood \_\_\_\_\_ Tile \_\_\_\_\_ Steel \_\_\_\_\_  
Age: \_\_\_\_\_

**Vehicle:** Year: \_\_\_\_\_ Make(Type): \_\_\_\_\_ Model: \_\_\_\_\_ List Price: \_\_\_\_\_ # of Passengers \_\_\_\_\_  
Vin# \_\_\_\_\_

**Liability** Church Attendees \_\_\_\_\_ # of Board of Directors \_\_\_\_\_ # of Pastors \_\_\_\_\_

**Schools:** # of Student's \_\_\_\_\_  
# Day Care \_\_\_\_\_ Pre-K Thru K \_\_\_\_\_ #1Thru 8 \_\_\_\_\_ #9 Thru 12 \_\_\_\_\_ #College Students \_\_\_\_\_  
# of Teachers \_\_\_\_\_

**Schools:** How is the insured fulfilling the requirements of the state laws addressing concussions? \_\_\_\_\_

**Location/Garage Address:**

**Building:** Type: \_\_\_\_\_ Use: \_\_\_\_\_ Bldg. Value: \_\_\_\_\_ Content Value: \_\_\_\_\_  
Description: \_\_\_\_\_  
Earthquake Yes \_\_\_\_\_ No \_\_\_\_\_ Flood Yes \_\_\_\_\_ No \_\_\_\_\_  
Square Feet: \_\_\_\_\_  
Own \_\_\_\_\_ Rent \_\_\_\_\_ Lease \_\_\_\_\_

Add	_____
Change	_____
Delete	_____
Temporary Closure	_____
Certificate	_____

**Construction:** Frame \_\_\_\_\_ Non Combustible \_\_\_\_\_ Jointed Masonry \_\_\_\_\_ Fire Resistance \_\_\_\_\_  
**Roof:** Composite \_\_\_\_\_ Wood \_\_\_\_\_ Tile \_\_\_\_\_ Steel \_\_\_\_\_  
Age: \_\_\_\_\_

**Vehicle:** Year: \_\_\_\_\_ Make(Type): \_\_\_\_\_ Model: \_\_\_\_\_ List Price: \_\_\_\_\_ # of Passengers \_\_\_\_\_  
Vin# \_\_\_\_\_

**Liability** Church Attendees \_\_\_\_\_ # of Volunteers \_\_\_\_\_ # of Board of Directors \_\_\_\_\_ # of Pastors \_\_\_\_\_

**Schools:** # of Student's \_\_\_\_\_  
# Day Care \_\_\_\_\_ Pre-K Thru K \_\_\_\_\_ #1Thru 8 \_\_\_\_\_ #9 Thru 12 \_\_\_\_\_ #College Students \_\_\_\_\_  
# of Teachers \_\_\_\_\_

**Schools:** How is the insured fulfilling the requirements of the state laws addressing concussions? \_\_\_\_\_

