



New York Automobile Endorsement Application

Copy this form and use one for each New York Auto endorsement request.

Producer Name	
Producer Code	

Account Name (Policyholder) _____

Policy Number _____ Effective Date of Endorsement _____
(mm/dd/yyyy)

Vehicle #	Add/Delete	Vehicle Schedule (Year,Make,Model)	Owner's FEIN	Complete VIN #	Cost New \$
*Owner's name		*DOB	*Gender	*NY Driver's License #	

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Vehicle #	Add/Delete	Vehicle Schedule (Year,Make,Model)	Owner's FEIN	Complete VIN #	Cost New \$
*Owner's name		*DOB	*Gender	*NY Driver's License #	

* If vehicle registered under personal name, sole proprietorship or partnership, this information is required.

Return completed application(s) to your underwriter at this address:
CNA Pro Long Term Care, CNA Plaza – 26South, Chicago, IL 60685
Fax 312-755-7371