

REQUEST FOR BENEFICIARY - LOSS PAYMENT ENDORSEMENT

The undersigned requests the issuance of an endorsement to be made part of Policy No. _____ issued by Euler Hermes North America Insurance Company to:

_____ of _____
Insured City, State

_____ of _____
Beneficiary City, State

_____ of _____
Beneficiary City, State

Hereinafter called the Beneficiaries, will have the following rights under the Policy, subject to the provisions in this endorsement.

1. The Beneficiaries may file a claim or request a loss settlement within the provisions of this Policy. You and/or the Beneficiaries must provide all necessary documentation relating to a claim within the prescribed time frames as required by this Policy;
2. If a loss payment is due under this Policy, we will make the loss payment to the Beneficiaries unless the Beneficiaries provide us with a written release of their right to receive the loss payment;
3. If we make a loss payment to the Beneficiaries, the Beneficiaries will assign to us, or cause to be assigned to us, any and all rights you or the Beneficiaries may have as to the **Buyer(s)**;
4. All amounts paid to the Beneficiaries will be in complete satisfaction of amounts that would otherwise be payable to you; and
5. If any loss payments are due pursuant to all other terms and conditions of the Policy, the amount so due shall be paid by us to the Beneficiaries if: (a) within ten (10) days of our request for written instruction we receive a single written instruction signed by all Beneficiaries; and (b) that written instruction states the agreed upon respective interest of each Beneficiary. If within thirty (30) days of the claim filing, no such written instruction has been received by Euler Hermes, the full loss payment will be made to _____.
6. This Endorsement will remain in effect for all consecutive **Renewal Policies** until the Beneficiaries provide us with a written release of their interests therein, signed by an authorized signatory.

This request is not binding upon Euler Hermes. The rights of the Beneficiaries and the Policyholder with respect to the endorsement requested herein will be limited to the provisions of an endorsement to the above referenced policy actually issued by Euler Hermes, which endorsement, if issued, may not necessarily contain provisions identical to those requested above.

We, the undersigned, request the issuance of this Endorsement to this Policy effective _____.

Accepted by:

Beneficiary #1
By: _____

Print Name
Date: _____
Phone: _____
Fax: _____

Beneficiary #2
By: _____

Print Name
Date: _____
Phone: _____
Fax: _____

Insured
By: _____

Print Name
Date: _____