

**REQUEST FOR ENDORSEMENT OF PRE-EXISTING DISEASE**

Policy Number: \_\_\_\_\_

Name of Proposer: \_\_\_\_\_

I, Mr. / Mrs. / Ms. \_\_\_\_\_, hereby make a request to pass an endorsement related to the following ailment(s):

Sr. No.	Name of Insured	Name of Ailment / Surgery to be Endorsed And Names and Dosage of Medicines Prescribed	Date of Diagnosis / Surgery (in DD/MMM/YYYY format) of Ailment / Surgery to be Endorsed	Sign of Insured

I understand that the mere acceptance of this request form and submission of information does not indicate that the endorsement will be passed

Signature of Proposer

Date:

Place: