

ADDITIONAL INSURED ENDORSEMENT

Named Insured and Address:

Effective Date of Endorsement:

Policy Number:

Policy Effective Date:

(12:01 A.M. Standard Time)

Policy Expiration Date:

(12:01 A.M. Standard Time)

This policy includes coverages for which limits are shown below.

Description of Car #1:

Description of Car #2:

Description of Car #3:

<u>COVERAGE</u>	<u>LIMITS OF COVERAGE</u>					
	CAR #1		CAR #2		CAR #3	
Bodily Injury Liability	\$	M and \$ M	\$	M and \$ M	\$	M and \$ M
	(each person)	(each occurrence)	(each person)	(each occurrence)	(each person)	(each occurrence)
Property Damage Liability	\$		\$		\$	
	(each occurrence)		(each occurrence)		(each occurrence)	
Uninsured Motorist (Bodily Injury)	\$	M and \$ M	\$	M and \$ M	\$	M and \$ M
	(each person)	(each occurrence)	(each person)	(each occurrence)	(each person)	(each occurrence)

ADDITIONAL INSURED

These coverages also apply to the Additional Insured; but, the limit of our liability is not increased by the inclusion of the Additional Insured.

days written notice will be given the Additional Insured in the event of any:

1. Cancellation; or
2. Material change

in the liability coverages during the policy year.

Name and Address of Additional Insured:

Countersigned by Authorized Representative

