

GEICO Casualty Company

ADDITIONAL INSURED ENDORSEMENT

Named Insured and Address:

Effective Date of Endorsement:

Policy Number:

Effective Date:

(12:01 A.M. Standard Time)

Expiration Date:

(12:01 A.M. Standard Time)

This policy includes coverages for which limits are shown below.

Description of Vehicle:

Description of Vehicle:

Description of Vehicle:

COVERAGE

LIMITS OF COVERAGE

Bodily Injury Liability

\$ M and \$ M
(each person) (each occurrence)

\$ M and \$ M
(each person) (each occurrence)

\$ M and \$ M
(each person) (each occurrence)

Property Damage Liability

\$
(each occurrence)

\$
(each occurrence)

\$
(each occurrence)

**Uninsured Motorist
(Bodily Injury)**

\$ M and \$ M
(each person) (each occurrence)

\$ M and \$ M
(each person) (each occurrence)

\$ M and \$ M
(each person) (each occurrence)

ADDITIONAL INSURED

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

We agree to provide you with written notice of termination in the event this policy becomes cancelled. Notice provided may be more than ten (10) days, but not less than ten (10) days.

Name and Address of Additional Insured:

Countersigned by Authorized Representative