

## 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. This memorandum of insurance does not affirmatively or negatively amend, extend, or alter the coverage afforded by the insurance policy.**

Description of Vehicle #1:

Description of Vehicle #2:

Description of Vehicle #3:

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

