

ADDITIONAL INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM TRUCKERS COVERAGE FORM
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This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

Endorsement Effective	Policy Number
Named Insured	

The provisions and exclusions that apply to LIABILITY COVERAGE also apply to this endorsement.

(Enter Name and Address of **Additional Insured**.)

is an **insured**, but only with respect to legal responsibility for acts or omissions of a person for whom Liability Coverage is afforded under this policy.

The **additional insured** is not required to pay for any premiums stated in the policy or earned from the policy. Any return premium and any dividend, if applicable, declared by us shall be paid to you.

You are authorized to act for the **additional insured** in all matters pertaining to this insurance.

We will mail the **additional insured** notice of any cancellation of this policy. If the cancellation is by us, we will give ten days notice to the **additional insured**.

The **additional insured** will retain any right of recovery as a claimant under this policy.