## **POLICY CHANGE**

Policy Number

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below:

**Endorsement Effective** 

Named	Insure	d									are, character a mentioner	
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inis end	orseme	ent modifies ins	urance pr	oviaea una	er the folic	owing:						
					BUSINESS AUTO COVERAGE FORM GARAGE COVERAGE FORM							
				T	TRUCKERS COVERAGE FORM							
In consid			ivo data h	oroof the r	olicy is bo	_ premium of \$ reby amended in the f	ollowing	portion	dore		-	
it is agree	eu mai	as of the effect	ive date ii	THE C	OVERAGI	ES INDICATED IN TH	E SCHE	DILLE	OF T	HIS		
					RSEMENT		L OOI IL	DOLL	01 1	1110		
ITEM 1	á	a. <b>AUTO</b> ADDI	ΞD									
				SHALI	APPLY T	O THE FOLLOWING	DESCR	BED A	UTO	)		
Auto	Mod	el Tra	de Name	&		VIN	Purch	ased	N		Symbol	Class
No.	Yea	r E	Body Type		Terr.	NUMBER	Mo.	Yr.	U	Cost	& Age	Rate
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	<u> </u>			1	lame and	Address of Loss Paye	е		**********	· · · · · · · · · · · · · · · · · · ·		1
						sement Applicable)						
`# <sup>′</sup>		IMINATED OR		INSURAN	ICE AFFO	RDED BY THE POLIC	Y SHAL	L CEA	SE T	O COVE	R AUTO	
Model `	Year	Class Rate	Terr.		Trade N	Vame		Motor	No.,	Serial No	o. or ID. NO.	
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·			E CHANG	CHANGED TO AUTO# A			O#			AUTO#		
	OTHE	R CHANGES			<del>,</del>			<del></del>				

## **SCHEDULE**

PRO RATA			301	ILDULL					
COVERAGES	LIMITS OF LIABILITY		PREMIUMS— AUTO #			PREMIUMS— AUTO #			
COVERAGES			ANNUAL	ADDITIONAL	RETURN	ANNUAL	ADDITIONAL	RETURN	
Bodily Injury	\$	.000 each person	\$	\$	\$	\$	\$	\$	
Liability	\$ .000 each accident								
Property Damage									
Liability	\$	.000 each accident							
Combined Liability	\$	.000 each accident							
Medical Payments	\$	.000 each person							
Personal Injury Protection	\$	.000 each person							
Uninsured/Under- insured Motorist Coverage									
Bodily Injury	\$	.000 each person							
Liability	\$	.000 each accident							
*Property Damage									
Liability	\$	.000 each accident							
*Combined Liability	\$	.000 each accident							