NAMED OPERATOR COVERAGE (Any Auto)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

This endors	ement changes the policy effective on the incep	otion date of the policy unless another date is indicated below:	
	ent Effective	Policy Number	
Named Ins	eured ***		
	SCF		
Name of Pe	erson:		
It is agreed	that:		
	insurance applies to the use of any auto in your garage busines	s, and	
(b)	to the occasional use for other business purposes and the use for non-business purposes of any auto owned by you or in your charge and used principally in your garage business		
but e	only while the person named in this endorseme	nt is operating or present in the auto, and	
(c)	to the person named in this endorsement as insured , and to any person or organization with respect to his or its liability because of acts or omissions or such person, as insured .		
2. The	insurance does not apply		
(a)	to the use of any auto as a public or livery cor	nveyance or in the business of trucking for others, or	
(b)	to the use of any auto owned by or registered	in the name of any insured other than yours, or	
(c)	to any employee, as insured, with respect to I	oodily injury to another employee of the same employer	