

FORMS – APPROVED

APRIL 2, 2024

COMMERCIAL LINES

LI-CL-2024-023

## SOUTH CAROLINA REVISIONS TO COMMERCIAL LINES POLICY CHANGES ENDORSEMENTS APPROVED

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### KEY MESSAGE

Filing [CL-2024-OCH1](#), which introduces state-specific Policy Changes and withdraws multistate endorsements for various Commercial Lines in South Carolina, has been approved.

**Applicable Lines of Business:** AG, BP, CA, CF, CM, CR, CY, EB, EP, FR, GL, HH, MP, OP, PF, PR

**Effective Date:** 8/1/2024

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### BACKGROUND

In circular [LI-CL-2024-011](#), we stated that, following discussions with the South Carolina Insurance Department, we introduced various Commercial Lines South Carolina-specific Policy Changes endorsements, as the South Carolina Insurance Department has advised that blank endorsements are no longer acceptable.

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### INSURANCE DEPARTMENT ACTION

The South Carolina Insurance Department has approved filing CL-2024-OCH1.

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### EFFECTIVE DATE

The ISO revision is subject to the following rule of application:

These changes are applicable to all policies written on or after August 1, 2024.

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### COMPANY ACTION

If you have authorized us to file on your behalf and decide:

- To use our revision and effective date, you are not required to file anything with the Insurance Department.
- To use our revision with a different effective date, to use our revision with modification, or to not use our revision, you must make an appropriate submission with the Insurance Department.

For guidance on submission requirements, consult the ISO State Filing Handbook.

In all correspondence with the Insurance Department on this revision, you should refer to ISO Filing Number [CL-2024-OCH1](#) and SERFF Tracking Numbers, NOT this circular number. Communications with the regulator concerning a filing affecting multiple lines of business (i.e., CL, PL, AL filing designation) should specify the line(s) of business that you are addressing.

Line of Business	SERFF Tracking Number
Agricultural Capital Assets (Output Policy)/Capital Assets (Output Policy)	ISOF-133958809
Businessowners	ISOF-133958365
Commercial Auto	ISOF-133958665
Commercial Property	ISOF-133958645
Commercial Inland Marine	ISOF-133958650
Commercial Crime and Fidelity	ISOF-133958679
Cyber	ISOF-133958700
Equipment Breakdown	ISOF-133958656
Employment Practices Liability	ISOF-133961347
Farm	ISOF-133958713
Commercial General Liability	ISOF-133958742
Home Healthcare	ISOF-133958750
Management Protection	ISOF-133958763
Medical Professional Liability	ISOF-133958823
Professional Liability (Other Than Medical)	ISOF-133958833

## RATING SOFTWARE IMPACT

New attributes being introduced with this revision:

- Forms are being withdrawn.
- New forms are being introduced.

## POLICYHOLDER NOTIFICATION

If you decide to implement this revision, you should check all applicable laws for the state(s) to which this revision applies to determine whether or not a specific policyholder notice requirement may apply. Please note that circular [LI-CL-2024-016](#) contains the ISO Guide To Renewals With Changed Conditions For Commercial Lines, which is available only as a guide to assist participating companies in complying with various conditional renewal statutes or regulations, for the major commercial lines of insurance serviced by ISO. The information in the Guide does not necessarily reflect all requirements or exceptions that may apply, and it is not intended as a substitute for your review of all applicable statutes and regulations concerning policyholder notification.

## REVISION DISTRIBUTION

We will issue a Notice to Policyholders with an edition date of 8-24 (or the earliest possible subsequent date), along with any new and/or revised forms.

## RELATED RULES REVISION

We are announcing in a separate circular the approval of a corresponding rules revision. Please refer to the Reference(s) block for identification of that circular.

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**REFERENCE(S)**

- [LI-CL-2024-024](#) (04/02/2024) South Carolina New And Revised Rules Approved
- [LI-CL-2024-016](#) (03/12/2024) Commercial Lines Revised Lead Time Requirements Listing
- [LI-CL-2024-011](#) (02/06/2024) South Carolina Revisions To Commercial Lines Policy Changes Endorsements Filed

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**ATTACHMENT(S)**

Final copies of the forms updated in filing CL-2024-OCH1

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Now, as in the past, all of our products and services are advisory, and are made available for optional use by participating insurers as a matter of individual choice. Your company must decide for itself which, if any, ISO products or services are needed or useful to its operation and how those selected for use should be applied. We urge that you be guided by the advice of your attorneys on the legal requirements.

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## CONTACT INFORMATION

If you have any questions concerning:

- The content of this circular, please contact:  
Loni Labatta  
Compliance and Product Services – Liability  
201-469-2926  
[Loni.Labatta@verisk.com](mailto:Loni.Labatta@verisk.com)
- Other issues for this circular, please contact Customer Support:  
E-mail: [info@verisk.com](mailto:info@verisk.com)  
Phone: 800-888-4476

Callers outside the United States, Canada, and the Caribbean may contact us using our global toll-free number (International Access Code + 800 48977489). For information on all ISO products, visit us at [www.verisk.com/iso](http://www.verisk.com/iso). To keep abreast of the latest Insurance Lines Services updates, view [www.verisk.com/ils](http://www.verisk.com/ils).

POLICY NUMBER:

BUSINESSOWNERS  
BP 12 36 08 24

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SOUTH CAROLINA POLICY CHANGES

Effective Date Of Change:
Change Endorsement Number:
Named Insured:

The following item(s) is (are) changed to read {See Additional Page(s)}:

<input type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Insured's Legal Status/Business Of Insured
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Additional Interested Parties	<input type="checkbox"/> Coverage Forms And Endorsements
<input type="checkbox"/> Limits/Exposures	<input type="checkbox"/> Deductibles
<input type="checkbox"/> Covered Property/Location Description	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

The above amendments result in a change in the premium as follows:

<input type="checkbox"/> No Changes	<input type="checkbox"/> To Be Adjusted At Audit	Additional Premium \$	Return Premium \$
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Authorized Representative Signature:
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<b>REMOVAL PERMIT</b>	If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.
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<b>SOUTH CAROLINA POLICY CHANGES ENDORSEMENT DESCRIPTION</b>

POLICY NUMBER:

**BUSINESSOWNERS**  
**BP 22 03 08 24**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SOUTH CAROLINA – MICRO-BUSINESSOWNERS POLICY CHANGES**

<b>Effective Date Of Change:</b>
<b>Change Endorsement Number:</b>
<b>Named Insured:</b>

The following item(s) is (are) changed to read **{See Additional Page(s)}**:

<input type="checkbox"/> <b>Insured's Name</b>	<input type="checkbox"/> <b>Insured's Mailing Address</b>
<input type="checkbox"/> <b>Policy Number</b>	<input type="checkbox"/> <b>Company</b>
<input type="checkbox"/> <b>Effective/Expiration Date</b>	<input type="checkbox"/> <b>Insured's Legal Status/Business Of Insured</b>
<input type="checkbox"/> <b>Payment Plan</b>	<input type="checkbox"/> <b>Premium Determination</b>
<input type="checkbox"/> <b>Additional Interested Parties</b>	<input type="checkbox"/> <b>Coverage Forms And Endorsements</b>
<input type="checkbox"/> <b>Limits/Exposures</b>	<input type="checkbox"/> <b>Deductibles</b>
<input type="checkbox"/> <b>Covered Property/Location Description</b>	<input type="checkbox"/> <b>Classification/Class Codes</b>
<input type="checkbox"/> <b>Rates</b>	<input type="checkbox"/> <b>Underlying Insurance</b>

The above amendments result in a change in the premium as follows:

<input type="checkbox"/> <b>No Changes</b> <input type="checkbox"/> <b>To Be Adjusted At Audit</b>	<b>Premium</b>	
	<b>Additional</b>	<b>Return</b>
	\$	\$
<b>Countersignature Of Authorized Representative</b>		
<b>Name:</b>		
<b>Title:</b>		
<b>Signature:</b>		
<b>Date:</b>		

<b>South Carolina Policy Changes – Micro-Businessowners Endorsement Description</b>
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POLICY NUMBER:

CYBER  
CY 01 41 08 24

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SOUTH CAROLINA POLICY CHANGES**

<b>Effective Date Of Change:</b>
<b>Change Endorsement No.:</b>
<b>"Named Insured":</b>

The following item(s):

<input type="checkbox"/> "Named Insured's" Name	<input type="checkbox"/> "Named Insured's" Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Insurance Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> "Named Insured's" Legal Status/Business Of "Named Insured"
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Additional Interested Parties	<input type="checkbox"/> Endorsements
<input type="checkbox"/> Limits/Exposures	<input type="checkbox"/> Retention
<input type="checkbox"/> Covered Risks	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<b>No Changes</b>	<b>Additional Premium</b>	<b>Return Premium</b>
<input type="checkbox"/>	\$	\$
Countersigned By:		
(Authorized Agent)		

Policy Changes Endorsement Description

POLICY NUMBER:

HOME HEALTHCARE  
HH 12 13 08 24

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SOUTH CAROLINA POLICY CHANGES**

**Effective Date Of Change:**

**Change Endorsement Number:**

**Named Insured:**

The following item(s):

- |   |   |
|---|---|
| <input type="checkbox"/> Insured's Name                       | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                        | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date            | <input type="checkbox"/> Insured's Legal Status/Business Of Insured |
| <input type="checkbox"/> Payment Plan                         | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties        | <input type="checkbox"/> Coverage Forms And Endorsements            |
| <input type="checkbox"/> Limits/Exposures                     | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Located Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                | <input type="checkbox"/> Underlying Insurance                       |

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

No Changes	To Be Adjusted At Audit	Additional Premium	Return Premium
<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
<b>Authorized Representative</b>			
<b>Name:</b>			
<b>Title:</b>			
<b>Signature:</b>			
<b>Date:</b>			

Policy Changes Endorsement Description

POLICY NUMBER:

PROFESSIONAL LIABILITY (OTHER THAN MEDICAL)  
IA 12 12 08 24

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SOUTH CAROLINA POLICY CHANGES**

This endorsement modifies insurance provided under the following:

INSURANCE AGENTS AND BROKERS PROFESSIONAL LIABILITY POLICY

<b>Effective Date Of Change:</b>
<b>Change Endorsement Number:</b>
<b>Named Insured:</b>

The following item(s):

<input type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Insured's Legal Status/Business Of Insured
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Coverage Forms And Endorsements	<input type="checkbox"/> Limits/Exposures
<input type="checkbox"/> Deductible	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input type="checkbox"/> <b>No Changes</b>	<input type="checkbox"/> <b>To Be Adjusted At Audit</b>	<b>Additional Premium</b>	<b>Return Premium</b>
		\$	\$
<b>Countersigned By:</b>			

(Authorized Agent)

POLICY CHANGES ENDORSEMENT DESCRIPTION

POLICY NUMBER:

PROFESSIONAL LIABILITY (OTHER THAN MEDICAL)

LW 12 17 08 24

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SOUTH CAROLINA POLICY CHANGES**

This endorsement modifies insurance provided under the following:

LAWYERS PROFESSIONAL LIABILITY POLICY

**Effective Date Of Change:**

**Change Endorsement Number:**

**Named Insured:**

The following item(s):

<input type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Insured's Legal Status/Business Of Insured
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Coverage Forms And Endorsements	<input type="checkbox"/> Limits/Exposures
<input type="checkbox"/> Deductible	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input type="checkbox"/> <b>No Changes</b>	<input type="checkbox"/> <b>To Be Adjusted At Audit</b>	<b>Additional Premium</b>	<b>Return Premium</b>
		\$	\$
<b>Countersigned By:</b>			

**(Authorized Agent)**

POLICY CHANGES ENDORSEMENT DESCRIPTION



POLICY NUMBER:

PROFESSIONAL LIABILITY (OTHER THAN MEDICAL)  
MI 10 20 08 24

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SOUTH CAROLINA POLICY CHANGES**

This endorsement modifies insurance provided under the following:

MISCELLANEOUS PROFESSIONAL LIABILITY POLICY

<b>Effective Date Of Change:</b>
<b>Change Endorsement Number:</b>
<b>Named Insured:</b>

The following item(s):

<input type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Insured's Legal Status/Business Of Insured
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Coverage Forms And Endorsements	<input type="checkbox"/> Limits/Exposures
<input type="checkbox"/> Retention	<input type="checkbox"/> Class Of Business/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read {See Additional Page(s)}:

The above amendments result in a change in the premium as follows:

<input type="checkbox"/> No Changes	<input type="checkbox"/> To Be Adjusted At Audit	Additional Premium	Return Premium
		\$	\$
Countersigned By:			
(Authorized Agent)			

Policy Changes Endorsement Description

POLICY NUMBER:

MANAGEMENT PROTECTION  
ML 16 41 08 24

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SOUTH CAROLINA POLICY CHANGES**

**Effective Date Of Change:**

**Change Endorsement Number:**

**Named Insured:**

**Coverage Parts Affected:**

The following item(s):

<input type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Insured's Legal Status/Business Of Insured
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Coverage Forms And Endorsements	<input type="checkbox"/> Limits/Exposures
<input type="checkbox"/> Retention	<input type="checkbox"/> Classification
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input type="checkbox"/> <b>No Changes</b>	<b>Additional Premium</b>	<b>Return Premium</b>
	\$	\$
<b>Countersigned By:</b>		
<b>(Authorized Agent)</b>		

Policy Changes Endorsement Description

POLICY NUMBER:

MANAGEMENT PROTECTION  
MP 01 65 08 24

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SOUTH CAROLINA POLICY CHANGES**

This endorsement modifies insurance provided under the following:

EXECUTIVE LIABILITY COVERAGE PART  
FIDUCIARY LIABILITY COVERAGE PART  
FINANCIAL INSTITUTIONS EXECUTIVE LIABILITY COVERAGE PART  
NOT-FOR-PROFIT MANAGEMENT LIABILITY COVERAGE PART

<b>Effective Date Of Change:</b>
<b>Change Endorsement No.:</b>
<b>Named Organization:</b>

The following item(s):

<input type="checkbox"/> Named Organization's Name	<input type="checkbox"/> Named Organization's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Insurance Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Named Organization's Legal Status/Business of Named Organization
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Additional Interested Parties	<input type="checkbox"/> Coverage Forms and Endorsements
<input type="checkbox"/> Limits/Exposures	<input type="checkbox"/> Retentions
<input type="checkbox"/> Covered Risks	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input type="checkbox"/> No Changes	Additional Premium \$	Return Premium \$
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Countersignature Of Authorized Representative	
Name:	
Title:	
Signature:	
Date:	

POLICY CHANGES ENDORSEMENT DESCRIPTION

POLICY NUMBER:

PROFESSIONAL LIABILITY (OTHER THAN MEDICAL)  
RE 12 12 08 24

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**SOUTH CAROLINA POLICY CHANGES**

This endorsement modifies insurance provided under the following:

REAL ESTATE AGENTS AND BROKERS PROFESSIONAL LIABILITY POLICY

<b>Effective Date Of Change:</b>
<b>Change Endorsement Number:</b>
<b>Named Insured:</b>

The following item(s):

<input type="checkbox"/> Insured's Name	<input type="checkbox"/> Insured's Mailing Address
<input type="checkbox"/> Policy Number	<input type="checkbox"/> Company
<input type="checkbox"/> Effective/Expiration Date	<input type="checkbox"/> Insured's Legal Status/Business Of Insured
<input type="checkbox"/> Payment Plan	<input type="checkbox"/> Premium Determination
<input type="checkbox"/> Coverage Forms And Endorsements	<input type="checkbox"/> Limits/Exposures
<input type="checkbox"/> Deductible	<input type="checkbox"/> Classification/Class Codes
<input type="checkbox"/> Rates	<input type="checkbox"/> Underlying Insurance

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input type="checkbox"/> <b>No Changes</b>	<input type="checkbox"/> <b>To Be Adjusted At Audit</b>	<b>Additional Premium</b>	<b>Return Premium</b>
		\$	\$
<b>Countersigned By:</b>			

(Authorized Agent)

POLICY CHANGES ENDORSEMENT DESCRIPTION



POLICY NUMBER:

IL 12 10 08 24

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **SOUTH CAROLINA POLICY CHANGES**

<b>Effective Date Of Change:</b>
<b>Change Endorsement Number:</b>
<b>Named Insured:</b>

The following item(s):

<input type="checkbox"/> <b>Insured's Name</b>	<input type="checkbox"/> <b>Insured's Mailing Address</b>
<input type="checkbox"/> <b>Policy Number</b>	<input type="checkbox"/> <b>Company</b>
<input type="checkbox"/> <b>Effective/Expiration Date</b>	<input type="checkbox"/> <b>Insured's Legal Status/Business Of Insured</b>
<input type="checkbox"/> <b>Payment Plan</b>	<input type="checkbox"/> <b>Premium Determination</b>
<input type="checkbox"/> <b>Additional Interested Parties</b>	<input type="checkbox"/> <b>Coverage Forms And Endorsements</b>
<input type="checkbox"/> <b>Limits/Exposures</b>	<input type="checkbox"/> <b>Deductibles</b>
<input type="checkbox"/> <b>Covered Property/Location Description</b>	<input type="checkbox"/> <b>Classification/Class Codes</b>
<input type="checkbox"/> <b>Rates</b>	<input type="checkbox"/> <b>Underlying Insurance</b>

is (are) changed to read **{See Additional Page(s)}**:

The above amendments result in a change in the premium as follows:

<input type="checkbox"/> <b>No Changes</b>	<input type="checkbox"/> <b>To Be Adjusted At Audit</b>	<b>Additional Premium</b> \$	<b>Return Premium</b> \$
<b>Countersigned By:</b>			

(Authorized Agent)

POLICY CHANGES ENDORSEMENT DESCRIPTION	

### REMOVAL PERMIT

If this Policy includes the Agricultural Capital Assets (Output Policy) Coverage Part with all property scheduled on the Scheduled Location Endorsement **AG 14 01**, Capital Assets Program (Output Policy) Coverage Part with all property scheduled on the Scheduled Location Endorsement **OP 14 01**, or the Commercial Property Coverage Part, the following applies with respect to such Coverage Part(s):

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.