

AMERICAN INTERNATIONAL COMPANIES
70 Pine Street
New York, NY 10270

COUNTERSIGNATURE ENDORSEMENT

This endorsement, effective _____ forms a part of
(date)
Policy No. _____ issued to _____
(policyholder name)
By: _____
(Insurance Company Name)

The signature below of the Company's Resident Countersignature Agent for the State of _____ is to be considered the valid countersignature to the above-referenced Policy regarding that portion of the risk located in the State of _____.

All other terms, conditions and exclusions of the Policy shall remain unchanged.

Resident Countersignature Agent for _____

By: _____
Signature of Authorized Representative

Note: This form must be signed in triplicate.

Original Copy Copy