

## ENDORSEMENT

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

This endorsement, effective 12:01 a.m. [EFFECTIVE DATE OF ENDORSEMENT]

Forms a part of Policy No: [POLICY NUMBER]

Issued to: [NAMED INSURED]

By: [INSURANCE COMPANY NAME]

*This endorsement modifies insurance provided under the following:*

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
AUTO DEALERS COVERAGE FORM

## EXTENSION SCHEDULE OF NAMED INSUREDS

This policy provides coverage for the first Named Insured shown on the declarations page and the following Named Insureds:

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Authorized Representative