

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]

POLICY CHANGES

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
AUTO DEALER COVERAGE FORM

CHANGES

[DESCRIPTION OF CHANGES MADE TO POLICY]

AUTHORIZED REPRESENTATIVE