# 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:

Authorized Representative

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| --- | --- | --- |
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