**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

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