**ENDORSEMENT**

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

This endorsement, effective 12:01 A.M.,

Forms a part of Policy No.:

**PROTECTIVE DEVICES SCHEDULE**

This endorsement modifies insurance provided under the following:

BUILDERS’ RISK COVERAGE – SCHEDULED JOBSITE FORM

The entries required to complete this schedule will be shown below or on the “schedule of coverages”

.

|  |  |  |
| --- | --- | --- |
| Location No. | Address | Protective Device or Service |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

All other terms and conditions of the policy remain the same.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Representative