Attached to Policy #

Issued on

PRIOR ACTS ENDORSEMENT (NOSE)

In consideration of the premium charged, and subject to this endorsement and the statements made by name Insured in his/her application for this policy, it is hereby understood and agreed that effective on  this policy is issued with retroactive date of . Furthermore, it is hereby understood and agreed that the period within these two dates will be known as the prior acts period since, during said coverage was afforded to the Insured by another carrier.

All other terms and conditions remain unchanged.

Name:  Date:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_