



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXCLUSION OR EXCESS COVERAGE HAZARDS OTHERWISE INSURED

This endorsement modifies insurance provided under the following:

AUTO DEALERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 11/4/2025	Policy Number:
Named Insured: Morris Avenue Auto Sales	Countersigned By: <i>Heiman Maske</i>

(Authorized Representative)

Designation or description of covered "autos" you own:

Enter Description Here: YR, MAKE, MODEL, VIN

If no entry appears above, information required to complete this endorsement will be shown in the Declarations.

When you do not want the following coverages to apply to covered "autos" you own that are designated in this endorsement because you have other insurance, the following provision(s) indicated by an "X in the ☐ will apply:

- ☐ **SECTION I – COVERED AUTOS COVERAGES, D. Covered Autos Liability Coverage** does not apply.
- ☐ **SECTION I – COVERED AUTOS COVERAGES, D. Covered Autos Liability Coverage** does not apply to "bodily injury" or "property damage" occurring before the other insurance ends.
Date other insurance ends _____
- ☐ **SECTION I – COVERED AUTOS COVERAGES, D. Covered Autos Liability Coverage** does not apply to "bodily injury" or "property damage" occurring before the other insurance ends except to the extent damages exceed the limits of the other insurance. However, the most we will pay is the difference between the Limit of Insurance for Liability Coverage in this Coverage Form and the liability limits of the other insurance, if this Coverage Form's limits are higher.
Date other insurance ends _____ and Limits of Insurance \$ _____
- ☐ **SECTION I – COVERED AUTOS COVERAGES, F. Physical Damage Coverage** does not apply.

This endorsement shall apply to any continuation, reinstatement, or renewal of the captioned policy by the Named Insured.

I have read, understand and agree to the above statement and my signature and date are shown below.

Signature of Insured

Date