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

**POLICY CHANGES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | Policy Change  Number |
|  | POLICY NUMBER  PolicyNumberP | |  | POLICY CHANGES EFFECTIVE |  | | COMPANY  IssuingCompanyP | |
|  | NAMED INSURED  InsuredName  InsuredName2P | | | |  | | AUTHORIZED REPRESENTATIVE  AgentName1  AgentAddress1 AgentAddress2  AgentCity, AgentState AgentZipCode | |
|  | COVERAGE PARTS AFFECTED | | | | | | | |
| CHANGES    All other terms and conditions remain unchanged. | | | | | | | | |

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| --- | --- |
|  | PresSig |