ENDORSEMENT NO.

This endorsement, effective 12:01 AM,

Forms a part of Policy No:

Issued to:

By:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NAMED INSURED ENDORSEMENT

It is agreed the following are added to Item 1 of the Declarations as **Named Insureds**:

_____
_____
_____
_____
_____
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_____
_____
_____

The first **Named Insured** designated in Item 1 of the Declarations will act on behalf of all other **Insureds**,, for the payment or return of any premium, payment of any deductible, receipt and acceptance of any endorsement issued to form a part of this Policy, giving and receiving notice of cancellation or nonrenewal.

SPECIMEN

All other terms, conditions, and exclusions shall remain the same.

_____
AUTHORIZED REPRESENTATIVE
or countersignature (in states where applicable)