



RESTRICTION OF INDIVIDUAL POLICIES

Refer to Supplemental Declarations if information is not shown on this form.

The information on this endorsement is subject to the *terms* contained in the General Policy Provisions.

This form is part of Policy No. _____

Named Insured: _____

Endorsement Inception Date _____

Endorsement Expiration date _____

At *your* request, *we* agree that this policy is restricted as follows:

Insured's Agreement

I have read this Restriction of Individual Policies Endorsement and consent to its attachment to *my* policy. *I* realize that it restricts coverage to the extent described in this form.

**WE WILL FILE THIS FORM WITH THE INSURANCE DEPARTMENT
EACH TIME THAT IT IS USED.**

Date

Your Signature

(Insurance Company)