



RESTRICTION OF UMBRELLA 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 Umbrella Policy.

This form is part of Policy No.: _____

Named Insured: _____

Endorsement Inception Date: _____

Endorsement Expiration Date: _____

As understood and agreed, **we** agree that this umbrella policy is restricted as follows:

1. A self insured retention of \$_____ applies to this policy. It is understood that the **insured** may select counsel of their choice to protect the interest of the **insured** with respect to any self insured retention exposure.
2. When the **insured's** self insured retention is \$10,000 or greater, the permission and consent of the **insured** will be required before entering into any settlement. It is understood and agreed that the **insured** must undertake this duty of consent in good faith and exercise reasonable judgment to facilitate prompt and equitable settlements.

INSURED'S AGREEMENT

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

Date

Your Signature

Insurer