



DRIVE OTHER CAR ENDORSEMENT

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

We provide coverage under this endorsement subject to the **terms** contained in the **Business Automobile** Provisions.

Named Insured: _____.

Endorsement Effective Date: _____. Endorsement Expiration Date: _____.

AGREEMENT.

We the company agree with **you** as the named **insured**, in return for payment of the required premium, to provide coverage for **your** use of other qualified vehicles within the **terms** of this agreement.

SCHEDULE.

Name: _____					
Limit of Liability	Medical Payments Limit	Uninsured Motorist Limit	Underinsured Motorist Limit	Physical Damage Comprehensive Collision	

Note: underinsured motorist coverage is included when uninsured motorist coverage is provided at limits greater than the limits required by financial responsibility laws.

WHAT WE PAY FOR.

We will provide the specified coverages for qualifying vehicles, subject to the **terms** and conditions shown below. The section of the policy titled **WHO QUALIFIES AS AN INSURED** is extended to include the person(s) qualifying for drive other car privileges subject to the **terms** and conditions shown in this endorsement and in the **Business Automobile** Provisions.

ADDITIONAL CONDITIONS.

Changes With Respect To Liability Coverage:

We provide liability coverage for any **automobile** that **you** do not own, rent or borrow, while it is being operated by any individual shown on the schedule above. The same coverage is also extended to their spouse while he/she is residing in the same household.

This coverage does not apply to any **motor vehicle** owned by any person(s) shown on the schedule, or members of their household. This coverage does not apply to any **motor vehicle** used by any person(s) or his/her spouse residing in the same household if such person(s) are engaged in the **business** of selling, servicing, repairing or parking **motor vehicles**.

Changes With Respect To Uninsured, Underinsured Motorist and Medical Payments Coverage:

The person(s) named on the schedule and members of their household qualify as **insureds** while in, on, upon, entering or alighting from an **automobile** or through being struck by an **automobile**. However, there is no coverage if that **automobile** is owned by any person(s) named on the schedule or any members of their family.

Changes With Respect To Physical Damage Coverage:

Any private passenger type **automobile** in the custody or control of any person(s) named on the schedule and/or resident relatives of their family are insured for physical damage coverage as shown on the schedule provided the vehicle is not owned by any person(s) named on the schedule or any relatives of their family and providing that the vehicle is not used by the person(s) named on the schedule or their spouse while such person(s) are engaged in the **business** of selling, servicing, repairing or parking **motor vehicles**.