



OTHER SCHEDULED AUTOMOBILES

Refer to Supplementary 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 premium for this coverage, to provide coverage to the scheduled **automobiles**.

SCHEDULE

Description of **Automobile**:

- 1.
- 2.
- 3.
- 4.
- 5.

WHAT WE PAY FOR.

Any **automobile** described in the schedule above, whether a hired, borrowed or leased vehicle, will be covered on the same basis that **your** policy affords coverage to a **business automobile** that **you** own and insure in this policy.