



LESSOR – ADDITIONAL *INSURED*

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 named *insured*, in return for payment of the required premium, to provide additional *insured* status to the lessor(s) named above, with respect to the coverage options designated in the schedule below.

SCHEDULE

Additional *Insured*: _____.

Policy Number: _____.

Description of leased *automobiles*: _____.

Coverages

Liability

No Fault/PIP

Comprehensive

Collision

Specified Causes of Loss

Limits of Insurance

\$ _____ Each Accident

\$ _____

Lesser of ACV/Cost of Repair minus \$ _____ Ded.

Lesser of ACV/Cost of Repair minus \$ _____ Ded.

Lesser of ACV/Cost of Repair minus \$ _____ Ded.

All other *terms* and conditions remain unchanged.