

POLICY NUMBER:

PERSONAL AUTO
PP 03 06 06 94

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EXTENDED NON-OWNED COVERAGE FOR NAMED INDIVIDUAL

SCHEDULE

Name of Individual

Premium

Liability \$ _____

Medical Payments \$ _____

Total Premium \$ _____

With respect to the individual and coverages listed in the Schedule or in the Declarations, the provisions of the policy apply unless modified by this endorsement.

I. Part A – LIABILITY COVERAGE

Part **A** is amended as follows with respect to the individual named in the Schedule or in the Declarations:

Exclusions **A.5.**, **A.7.**, **B.2.** and **B.3.** do not apply.

II. Part B – MEDICAL PAYMENTS COVERAGE

Part **B** is amended as follows if a premium is shown in the Schedule or in the Declarations for Medical Payments Coverage with respect to the individual named in the Schedule or in the Declarations:

A. Exclusions **5.** and **6.** do not apply.

B. The last sentence of Exclusion **8.** is replaced by the following:

This exclusion (**8.**) does not apply to "bodily injury" sustained while "occupying" a:

1. Private passenger auto, pickup or van; or
2. "Trailer" used with a vehicle described in 1. above.

III. This endorsement does not afford coverage under Part **A** or Part **B** of the policy for any accident involving a vehicle owned by the individual named in the Schedule or in the Declarations, by a member of the same household, or any accident involving a temporary substitute vehicle for such owned vehicle.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.