

504. INCREASED LIMITS—OTHER THAN DESIGNATED DRIVER

This endorsement forms a part of Policy No. _____ issued to _____

by the _____ at its
Agency

(Name of Insurance Company)

located (city and state) _____ and is effective from _____

(12:01 A.M. Standard Time)

(The information above is required only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement forms a part of the policy to which attached, effective from its date of issue unless otherwise stated herein.

You agree that:

1. The limits of liability shown in the schedule of this endorsement apply while any **covered person** other than

_____ is operating any auto.
(Designated Driver)

2. The limits of liability stated in this endorsement do not apply in addition to the limits stated in the declarations.

SCHEDULE

Coverages		Limits of Liability	Premiums		
			Car 1	Car 2	Car 3
L I A B I L I T Y	BI/PD Combined	each accident \$ _____	\$ _____	\$ _____	\$ _____
	Bodily Injury	each person \$ _____	\$ _____	\$ _____	\$ _____
	Property Damage	each accident \$ _____	\$ _____	\$ _____	\$ _____
Medical Payments		each person \$ _____	\$ _____	\$ _____	\$ _____
Personal Injury Protection		each person \$ _____	\$ _____	\$ _____	\$ _____
U M / U I M	BI/PD*Combined	each accident \$ _____	\$ _____	\$ _____	\$ _____
	Bodily Injury	each person \$ _____	\$ _____	\$ _____	\$ _____
	*Property Damage (*Less \$250 Ded.)	each accident \$ _____	\$ _____	\$ _____	\$ _____
Total Premium Per Auto			\$ _____	\$ _____	\$ _____
Total Premium			\$ _____		