

512A. DESIGNATION OF COVERED PERSON OR ORGANIZATION

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.

The provisions and exclusions that apply to Liability Coverage also apply to this endorsement.

(Enter name and address of designated **Covered person** or Organization)

is a "**covered person**", but only with respect to legal responsibility for acts or omissions of a person for whom Liability Coverage is afforded under this policy.

The designated **covered person** or organization is not required to pay for any premiums stated in or earned from the policy. Any return premium and applicable dividend shall be paid to you.

You are authorized to act for the designated **covered person** or organization in all matters pertaining to this insurance.

We will mail the designated **covered person** or organization notice of any cancellation of this policy. If the cancellation is by us, we will give ten days notice to the designated **covered person** or organization.

The designated **covered person** or organization will retain any right of recovery as a claimant under this policy.