

524A. TOWING AND LABOR COSTS COVERAGE

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.

We will pay towing and labor costs incurred each time **your covered auto** is disabled, up to the amount shown in the Schedule or in the Declarations as applicable to that vehicle. We will only pay for labor performed at the place of disablement.

This coverage applies only to **your covered auto** described below or for which a premium charge is shown in the Declarations for Towing and Labor Costs Coverage.

Auto	Year	VIN	Limit of Towing and Labor Costs Coverage	Premium
1. _____			\$ _____	\$ _____
2. _____			\$ _____	\$ _____
3. _____			\$ _____	\$ _____
4. _____			\$ _____	\$ _____