

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDATORY ENDORSEMENT – POLICY CHANGES

This endorsement modifies insurance provided under the following:

**VESSEL PHYSICAL DAMAGE COVERAGE FORM
PROTECTION AND INDEMNITY COVERAGE FORM**

The following terms or conditions change “your” policy.

[Empty rectangular box for terms or conditions]

In consideration of the premium charged, “you” agree to accept the terms or conditions stated above. With “your” signature written below, “you” understand “your” failure to comply with the terms or conditions, as stated above, shall render coverage under this policy null and void.

I hereby attest by my signature below, that I have specific authority by the company, corporation or other business or party named as an “insured” on the Declarations to accept the terms, conditions, and coverage provided by this policy.

I accept the policy terms or conditions as stated above.

(Signature)

(Date)

(Title)

All other terms and conditions of this policy remain unchanged.

NAMED INSURED: _____

POLICY NUMBER: _____

EFFECTIVE DATE: _____

ENDORSEMENT NO.: _____