

N.S.E.F. No. 72
MULTIPLE ALTERATION ENDORSEMENT
(For Attachment Only to a Garage Policy NSPF No. 4)

INSURER:	Attached to and forming part of Policy No.:
INSURED:	This endorsement shall be effective from: <div style="float: right; text-align: right;"> <input type="checkbox"/> AM _____ <input type="checkbox"/> PM _____ Local Time </div> <div style="clear: both;"></div> <div style="text-align: center; margin-top: 5px;"> _____ YYYY _____ MM _____ DD _____ </div>

It is agreed that the following change(s) is/are made to the following item(s) of the Certificate of Automobile Insurance forming part of the Policy to which this endorsement is attached.

ITEM NO.	PARTICULARS OF CHANGE								
CHANGES IN PERILS, LIMITS, AMOUNTS AND PREMIUM (IF ANY)									
INSURING AGREEMENTS	PERILS	LIMITS AND AMOUNTS				ADDITIONAL PREMIUM	RETURN PREMIUM		
SECTION A THIRD PARTY LIABILITY	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY	\$	(EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS, AND FOR LOSS OR DAMAGE TO PROPERTY, REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT.				BI-\$ PD-\$	BI-\$ PD-\$	
SECTION A.1 DIRECT COMPENSATION - PROPERTY DAMAGE	THIS POLICY CONTAINS A PARTIAL PAYMENT OF RECOVERY CLAUSE FOR PROPERTY DAMAGE IF A DEDUCTIBLE IS SPECIFIED FOR DIRECT COMPENSATION - PROPERTY DAMAGE.	\$	DEDUCTIBLE				\$	\$	
SECTION B MANDATORY ACCIDENT BENEFITS	SUB. SEC. 1.	MEDICAL, REHABILITATION AND FUNERAL EXPENSES	AS STATED IN SECTION B OF THE POLICY				\$	\$	
	2.	DEATH BENEFITS AND LOSS OF INCOME PAYMENTS							
SECTION C LOSS OF OR DAMAGE TO OWNED AUTOMOBILES	SUB SEC. 1.	COLLISION OR UPSET	ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED		SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE AUTOMOBILE		\$	\$	
			LOCATION AS PER ITEM 1	SUB. SECTION INSURED	*LIMIT OF LIABILITY	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE (EXCEPT FOR LOSS OR DAMAGE BY FIRE, LIGHTING OR THEFT OF THE ENTIRE AUTOMOBILE)			
	2	COMPREHENSIVE (EXCLUDING COLLISION OR UPSET AND OPEN LOT PILFERAGE)	(A)		\$	\$	\$	\$	
	3	SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)	(B)		\$	\$	\$	\$	
	4	SPECIFIED PERILS (EXCLUDING THEFT)	(C)		\$	\$	\$	\$	
			(D)		\$	\$	\$	\$	
		* IN RESPECT OF EACH AUTOMOBILE, THE ACTUAL CASH VALUE AT THE TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED AND SUBJECT TO THAT LIMIT FOR EACH AUTOMOBILE: (A) THE AMOUNT OF INSURANCE STATED IN THE MONTHLY REPORT, IF ANY, OR (B) THE LIMIT OF INSURANCE STATED HEREIN TO BE APPLICABLE TO EACH SPECIFIED LOCATION FOR LOSS OR DAMAGE FROM ANY ONE OCCURRENCE AT EACH SPECIFIED LOCATION.							
SECTION D UNINSURED AND UNIDENTIFIED AUTOMOBILE COVERAGE	PROTECTION AGAINST UNINSURED AND UNIDENTIFIED AUTOMOBILE COVERAGE	AS STATED IN SECTION D OF THE POLICY				\$	\$		

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CHANGES IN PERILS, LIMITS, AMOUNTS AND PREMIUM (IF ANY)							
INSURING AGREEMENTS		PERILS	LIMITS AND AMOUNTS			ADDITIONAL PREMIUM	RETURN PREMIUM
SECTION E LEGAL LIABILITY FOR DAMAGE TO CUSTOMERS' AUTOMOBILES HELD IN THE CARE, CUSTODY OR CONTROL OF THE INSURED	SUB. SEC. 1	COLLISION OR UPSET	\$	(EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE CUSTOMER'S AUTOMOBILE	SUM PAYABLE BY INSURED IN RESPECT OF EACH SEPARATE OCCURRENCE \$	\$	\$
	2	SPECIFIED PERILS (EXCLUDING OPEN LOT PILFERAGE)	LOCATION AS PER ITEM 1	MAXIMUM NUMBER OF CUSTOMER'S AUTOMOBILES	LIMIT OF LIABILITY (EXCLUSIVE OF COSTS AND POST JUDGMENT INTERESTS) ANY ONE OCCURRENCE		
			(A)		\$	\$	\$
			(B)		\$	\$	\$
			(C)		\$	\$	\$
		(D)		\$	\$	\$	
ENDORSEMENTS						\$	\$
						\$	\$
						\$	\$
						\$	\$
TOTAL						\$	\$
NET <input type="checkbox"/> ADDITIONAL / <input type="checkbox"/> RETURN PREMIUM						\$	

Except as otherwise provided in this endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the Policy shall have full force and effect.

Date							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> </td> <td style="width: 25%; text-align: center;"> </td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">YYYY</td> <td style="text-align: center;">MM</td> <td style="text-align: center;">DD</td> </tr> </table>				YYYY	MM	DD	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Insured (Required where coverage deleted or reduced)
YYYY	MM	DD					