

PERSONAL LIABILITY SCHEDULE

This endorsement is made part of policy No. _____ of the _____
_____ Insurance Company.

The insurance afforded by this endorsement shall apply as indicated below, subject to the terms and conditions of the policy that apply.

Coverages	Limit of Liability	Premium
L – Personal Liability	\$ _____ each occurrence	\$ _____
M – Medical Payments	\$ _____ each person	\$ _____

Other insured locations: _____

Other Charges \$ _____
Total \$ _____

This policy shall not be valid unless countersigned by our authorized agent.

Countersignature date: _____ Agency at: _____

_____ Agent

Attach Coverage Part