



AVEMCO
Insurance Company

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01	NOON		
				A.M.			

Miscellaneous Change Endorsement

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

This endorsement modifies insurance provided under the following:

EMPLOYMENT PRACTICES LIABILITY INSURANCE

<input type="checkbox"/> Addition/Deletion of an optional coverage Endorsement	<input type="checkbox"/> Policy Premium Change Endorsement
<input type="checkbox"/> Address Change Endorsement	<input type="checkbox"/> Policy Retention Change Endorsement
<input type="checkbox"/> Cancellation Endorsement	<input type="checkbox"/> Reinstatement Endorsement
<input type="checkbox"/> Co-Pay Change Endorsement	<input type="checkbox"/> Retroactive Date Endorsement
<input type="checkbox"/> Named Insured Endorsement	<input type="checkbox"/> Specific Employee Exclusion
<input type="checkbox"/> Endorsement	
<input type="checkbox"/> Policy Limit Endorsement	<input type="checkbox"/> Specific Circumstance Exclusion
<input type="checkbox"/> Endorsement	
<input type="checkbox"/> Policy Period Change Endorsement	

Additional Premium \$ _____

Return Premium \$ _____

It is hereby understood and agreed that the Policy is amended as follows:

AUTHORIZED REPRESENTATIVE

DATE