



**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 A.M.	NOON		

**PRIOR ACTS EXCLUSION**

In consideration of the payment of premium, it is hereby understood and agreed that subject to its other terms and conditions, this Policy provides no coverage for **“Loss”** arising from any **“Claim(s)”** brought by reason of any **“Wrongful Employment Act(s)”** occurring prior to \_\_\_\_\_.

SPECIMEN

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED**

\_\_\_\_\_  
AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE