Acceptance Casualty Insurance Company

CHANGE ENDORSEMENT

This endorsement effective forms a part of Policy No.

Issued to

The above described policy is changed as follows:

Amended:
- ☐ **Named Insured**
- ☐ **Description of vehicle**
- ☐ **Effective date**
- ☐ **Named Insured's Address**
- ☐ **Premium**
- ☐ **Expiration date**
- ☐ **Reinstatement of canceled policy**
- ☐ **Other as described**

☐ Addl ☐ Return Cash Premiums	Coverage	Original Premiums

☐ PREMIUM INCLUDED IN REVISED INSTALLMENTS

Date Prepared _____ END. # _____ Authorized Representative _____

All other terms and conditions of this policy remain unchanged.

END. NO. 102