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SPECIMEN ONLY

CHANGE ENDORSEMENT

Attached to and forming part of:

Policy No. _____

of the _____ (Insurance Co.)

Insured _____

Address (as shown on Policy) _____

Effective Date of Endorsement(s): _____

Term of Policy _____ from: _____ to: _____

Agency _____

By: _____

Endorsement Number(s): _____

-----Attach Endorsements Below This Line-----

SPECIMEN ONLY