RENEWAL ENDORSEMENT

Refer to Supplemental Declarations if information is not shown on this form.
We provide coverage under this endorsement subject to the ***terms*** contained in the General Policy Provisions.

This policy may be continued by payment of the required premium for the next policy period. The premium must be paid to ***us*** as specified in the premium notice.

If any of the forms attached to ***your*** policy are revised, ***we*** will enclose a copy of that revision with ***your*** renewal policy.

If ***we*** adopt any revision of forms or endorsements during a policy period which would broaden coverage under this policy without additional premium, ***your*** policy will be liberalized to include that broadened coverage.

THIS CONTINUATION CERTIFICATE IS CONDITIONED ON FULL PAYMENT OF THE PREMIUM ON OR BEFORE INCEPTION OF THE POLICY PERIOD. THIS IS AN IMPORTANT INSURANCE DOCUMENT AND IT SHOULD BE RETAINED WITH YOUR POLICY.

PLEASE REFER TO YOUR POLICY FOR A COMPLETE DESCRIPTION OF YOUR COVERAGES AND FORMS. PLEASE CONTACT YOUR AGENT FOR ASSISTANCE. THANK YOU.