# RESTRICTION OF INDIVIDUAL POLICIES

Refer to Supplemental Declarations if information is not shown on this form.
The information on this endorsement is subject to the ***terms*** contained in the General Policy Provisions.
This form is part of Policy No. _____
***Named Insured***: _____

Endorsement Inception Date _____ Endorsement Expiration date _____

At ***your*** request, ***we*** agree that this policy is restricted as follows:

## Insured's Agreement

***I*** have read this Restriction of Individual Policies Endorsement and consent to its attachment to ***my*** policy. ***I*** realize that it restricts coverage to the extent described in this form.

## WE WILL FILE THIS FORM WITH THE INSURANCE DEPARTMENT EACH TIME THAT IT IS USED.

_____ _____

**Date** ***Your*** **Signature**

_____

**(Insurance Company)**