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 REQUIRED PREMIUM ~~ON OR BEFORE INCEPTION OF~~FOR THE NEXT 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.