

POLICY NUMBER:

BUSINESSOWNERS
BP 14 83 07 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

EMPLOYEE DISHONESTY – NAMED EMPLOYEE(S)

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Name Of Employee(s):
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section I – Property is amended as follows:

Paragraph **G.3.b.(4)** does not apply to any employee listed in the Schedule above.