

**REQUEST FOR ISSUANCE OF LIABILITY ENDORSEMENT WITH
RESTRICTIONS IN COVERAGE**

POLICY NUMBER:

DWELLING

INSURED:

FP DL 00 02 01 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement effective _____,
the effective hour being the same as that designated in the
policy to which this endorsement is attached, forms a part of
the policy listed above.

YOUR POLICY CHANGED AS FOLLOWS:

It is hereby requested that in consideration of your
continuing my policy at this time the following agreement is
made:

This company shall not be liable under **COVERAGE L -
PERSONAL LIABILITY, COVERAGE M -
MEDICAL PAYMENTS TO OTHERS OR
ADDITIONAL COVERAGES** of this policy for loss or
damage caused by, resulting from, contributed to or
aggravated by,

Description of animal(s) excluded:

Owned by, or in the care of, custody or control of the
insured, or any member of the insured's family or
household.

This agreement also applies to any reinstatement or
renewal of this policy.

All other terms and conditions of this policy remain
unchanged.

Date: _____ Signed: _____
(Insured)

Date: _____ Signed: _____
(Producer)