
INSURED:

POLICY NUMBER:

ENDORSEMENT EFFECTIVE DATE:

Request for Issuance of Policy Subject to Restriction in Coverage

The coverage afforded under the policy to which this endorsement is attached is not obtainable by the undersigned Named Insured at standard rates and its issuance is therefore requested subject to the following restriction:

(Insert here applicable restriction)

(Signature of Named Insured)

The following endorsement, duplicate copies of which shall be signed by the Named Insured and the company, shall be attached to the policy and the daily report:

At the request of the Named Insured, it is agreed that this policy is restricted in the following respects:

(Insert here applicable restriction)

_____ Insurance Company

By _____
(Title)

(Signature of Named Insured)