AMENDMENT OF	DECLARATIONS	ENDORSEMENT
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Changes:	Include	Utah	No-Fault	Endorsements
Unanges.	***************************************	************************		***************************************

In consideration	of XXXXXXXX	premium o	f \$	XXXX	it is agreed	that the	policy	declarations are a	amended as
follows:									

Name of insured

Address of insured

The automobile will be principally garaged in the above town or city, unless otherwise stated herein :

## **AUTOMOBILE ADDED**

It is agreed that this policy shall apply to the automobile described below :

Car No. Year of Model Trade Name; Number of Cylinders; Body Type					Model	Identification, Serial or Motor Number		
The aut				The autom	obile is unen	umbered unless	s otherwise stated herein :	
Purchased (Month Year) New or Used FOR List Price Actual Cost			Installn	nent Payments	Due Date and Amount of Final Installment			
1 - Contraction				S		\$	\$	

Loss Payee: Any loss under coverages D and E is payable as interest may appear to the named insured and...

Use: The purposes for which the automobile added is to be used are "pleasure and business," unless otherwise stated herein :...

## AUTOMOBILE ELIMINATED

It is agreed that this policy does not apply to the automobile described below:

Car No. Year of Model Trade Name; Number of Cylinders; Body Type		Model	Identification, Serial or Motor Number
		10 C C C C	

It is agreed that the COVERAGES and LIMITS OF LIABILITY are changed to read as follows:

COVERAGES	COVERAGES LIMITS OF LIABILITY CAR NO.			
	\$ each person		\$	each person
A Bodily Injury Liability	\$	each accident	\$ each accident	
B Property Damage Liability	\$	each accident	\$	each accident
C Medical Payments	\$	each person	\$	each person
D Collision or Upset	Actual Cash Value less \$	deductible	Actual Cash Value less \$	deductible
E Comprehensive - Excluding Collision or Upset				
F Towing and Labor Costs	\$ fo	r each disablement	\$ fc	or each disablement
		RATE CLASS	IFICATIONS	
	B.IP.D. Co	lision	B.I.·P.D. Co	llision
Utah Personal Injury Pr	otection			

Nothing contained herein shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements, or declarations of the policy to which this endorsement is attached, other than as stated above.

Attached to and forming part of Policy No. 940543-0003 issued to H. Tracy Hall, Inc.

and underwritten by AMICA MUTUAL INSURANCE COMPANY and taking effect

County

County

on January 1, 1974	at 12:01 A.M. standard time	and expiring on	May 1,	1974	at 12:01 A.M. standard time
Providence, R. I. January 16, 19	974		9.0.	Boyce	Assistant Vice President

F164-7Q 7M 3-73