

AMENDMENT OF DECLARATIONS ENDORSEMENT

Changes: Include Utah No-Fault Endorsements

In consideration of XXXXXXXXXX premium of \$ XXXX, it is agreed that the policy declarations are amended as follows:

Name of insured

Address of insured

County

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

County

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								
Purchased (Month, Year)		New or Used	F.O.B. List Price	Actual Cost								
The automobile is unencumbered unless otherwise stated herein:												
			Encumbrance	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">Installment Payments</th> <th rowspan="2" style="text-align: center;">Due Date and Amount of Final Installment</th> </tr> <tr> <th style="text-align: center;">Number</th> <th style="text-align: center;">Amount of Each</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Installment Payments		Due Date and Amount of Final Installment	Number	Amount of Each			
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Number	Amount of Each											
			\$	\$								

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

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

COVERAGES	LIMITS OF LIABILITY CAR NO.	LIMITS OF LIABILITY CAR NO.
A Bodily Injury Liability	\$ each person	\$ each person
	\$ 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	\$ for each disablement	\$ for each disablement
RATE CLASSIFICATIONS		
	B.I.-P.D. Collision	B.I.-P.D. Collision
ENDORSEMENTS	Utah Personal Injury Protection	

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

on January 1, 1974 {at 12:01 A.M.} and expiring on May 1, 1974 {at 12:01 A.M.}
 {standard time} {standard time}

Providence, R. I. January 16, 1974 *J. P. Boyce* Assistant Vice President