LESSOR – ADDITIONAL INSURED AND LOSS PAYEE

This endorsement modifies insurance provided under the following:

COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
Vith respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.
This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.
Endorsement Effective: Countersigned By:
Named Insured: (Authorized Representative)
SCHEDULE
Oregon Mutual Insurance Company
Policy Number:
Effective Date:
Expiration Date:
Named Insured:
Address:
Additional Insured (Lessor):
Address:
Designation or Description of "Leased Auto":

Coverage	Limit of Insurance
Liability:	\$ Each "Occurrence"

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Subject to such coverage provided in the "underlying insurance", the following cancellation provisions apply:

- 1. If we cancel the policy, we will mail notice to the lessor in accordance with the Cancellation Common Policy Condition.
- 2. If you cancel the policy, we will mail notice to the lessor.
- 3. Cancellation ends this agreement.

