

ENDORSEMENT BLANK.

Endorsement dated..... Agency at.....

Attached to Policy No..... of the
NAME OF COMPANY

Issued to.....

COMMENCEMENT OF POLICY	EXPIRATION OF POLICY	AMOUNT INSURED	OLD RATE	NEW RATE	EXTRA PREMIUM	RETURN PREMIUM

BE IT HEREBY UNDERSTOOD AND AGREED:



.....
Agent.

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NAME OF COMPANY

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COMMENCEMENT OF POLICY	EXPIRATION OF POLICY	AMOUNT INSURED	OLD RATE	NEW RATE	EXTRA PREMIUM	RETURN PREMIUM

BE IT HEREBY UNDERSTOOD AND AGREED:



CROWNINSHIELD INSURANCE CO.
37 Federal Street, Arkham, Mass.

BY.....
Agent.