

POLICY NUMBER:

PERSONAL AUTO
PP 03 15 06 94

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

FULL SAFETY GLASS COVERAGE

With respect to the coverage provided by this endorsement, the provisions of the policy apply unless modified by the endorsement.

SCHEDULE

| Description of Vehicle | Premiums for Full Safety Glass Coverage |
|-------------------------------|--------------------------------------------------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |

PART D – COVERAGE FOR DAMAGE TO YOUR AUTO

The following is added to the first paragraph of the Insuring Agreement in Part **D**:

We will pay under Other Than Collision Coverage for the cost of repairing or replacing damaged safety glass on "your covered auto" without a deductible. We will pay only if:

1. The Declarations indicates that Other Than Collision Coverage applies; and
2. A specific premium charge for Full Safety Glass Coverage is shown in the Schedule or in the Declarations.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.