

SAMPLE

Drive Other Car Coverage - Broadened Coverage for Named Individuals CA 99 10 03 10

Policy Amendment(s) Commercial Business Auto Coverage Form - Business Auto Physical Damage Coverage Form - Garage Coverage Form - Motor Carrier Coverage Form - Truckers Coverage Form

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Insured: _____ Policy Number: _____

Producer: _____ Effective Date: _____

This endorsement modifies insurance provided under the following:

**Business Auto Coverage Form
Business Auto Physical Damage Coverage Form
Garage Coverage Form
Motor Carrier Coverage Form
Truckers Coverage Form**

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

Schedule

Name of Individual:

Liability	Limit:	\$	Premium:	\$
Auto Medical Payments	Limit:	\$	Premium:	\$
Comprehensive	Deductible:	\$	Premium:	\$
Collision	Deductible:	\$	Premium:	\$
Uninsured Motorists	Limit:	\$	Premium:	\$
Underinsured Motorists	Limit:	\$	Premium:	\$

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Note - When Uninsured Motorists Coverage is provided at limits higher than the basic limits required by a financial responsibility law, Underinsured Motorists Coverage is included, unless otherwise noted. If

Underinsured Motorists Coverage is provided as a separate coverage, make appropriate entry in the Schedule above.

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

One of the **Fireman's Fund Insurance Companies** as named in the policy

Secretary

President

SAMPLE

A. This endorsement changes only those coverages where a premium is shown in the Schedule.

B. Changes in Liability Coverage

1. Any **auto** you don't own, hire or borrow is a covered **auto** for Liability Coverage while being used by any individual named in the Schedule or by his or her spouse while a resident of the same household except:

a. Any **auto** owned by that individual or by any member of his or her household.

b. Any **auto** used by that individual or his or her spouse while working in a business of selling, servicing, repairing or parking **autos**.

2. The following is added to **Who Is An Insured**:

Any individual named in the Schedule and his or her spouse, while a resident of the same household, are **insureds** while using any covered **auto** described in Paragraph B.1. of this endorsement.

C. Changes in Auto Medical Payments and Uninsured and Underinsured Motorists Coverages

The following is added to **Who Is An Insured**:

Any individual named in the Schedule and his or her **family members** are **insureds** while **occupying** or while a pedestrian when being struck by any **auto** you don't own except:

Any **auto** owned by that individual or by any **family member**.

D. Changes in Physical Damage Coverage

Any private passenger type **auto** you don't own, hire or borrow is a covered **auto** while in the care, custody or control of any individual named in the Schedule or his or her spouse while a resident of the same household except:

1. Any **auto** owned by that individual or by any member of his or her household.

2. Any **auto** used by that individual or his or her spouse while working in a business of selling, servicing, repairing or parking **autos**.

E. Additional Definition

As used in this endorsement:

Family member means a person related to the individual named in the Schedule by blood, marriage or adoption who is a resident of the individual's household, including a ward or foster child.