

GENERAL CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement changes the policy on the inception date of the policy or on the date shown below.
It is agreed that the policy is changed as follows:

In consideration of additional premium shown below, the M 3745a(06/2009) Additional Insured Endorsement, has been added to the policy.

Action	Additional Insured	Premium		
		Old	New	AR
A	City of La Crosse 400 La Crosse Street Attn: Nikke Eilsen La Crosse, WI 54601		300	95

Additional Premium \$ 95

Return Premium \$ _____

Pro-Rate Factor: 0.318

All other terms, conditions and agreements remain unchanged.

Company Name National Indemnity Company	Policy Number 70 APS 038557 - 01
	Endorsement Effective 11/12/2013 3:11 PM
Named Insured MICHAEL L OLSON	Countersigned at <i>Ryan M. Kruetz</i> by _____ (Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

In consideration of payment of the additional premium listed below, LIABILITY COVERAGE is extended to include the additional insured named herein, provided that:

- 1) such insurance applies only to the ownership, maintenance or use of a covered auto; and
- 2) such insurance applies only to acts or omissions by you, your agents or your "employees" while such covered auto is being used in your business; and
- 3) such insurance does not apply to the acts or omissions of the additional insured or any of the additional insured's agents or "employees" other than you; and
- 4) such inclusion of additional insured shall not increase our limit of liability under this policy.


ADDITIONAL INSURED:

City of La Crosse

400 La Crosse Street
Attn: Nikke Ellsen
La Crosse, WI 54601

All other terms, conditions and agreements remain unchanged.

Additional Premium: \$ 95

Company Name National Indemnity Company	Policy Number 70 APS 038557 - 01
	Endorsement Effective 11/12/2013 3:11 PM
Named Insured MICHAEL L OLSON	Countersigned by  (Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)