

B U S I N E S S A U T O
N O T I C E O F P O L I C Y A M E N D M E N T

AMENDMENT EFFECTIVE 11/14/13

POLICY NUMBER 1777-010

FIRST NAMED INSURED

PRODUCER 48-102

PHONE (608) 783-6441

CARING HEARTS HOME CARE AND
TRANSPORTATION LLC
W5942 BAKER ROAD
HOLMEN WI 54636

THE INSURANCE CENTER
701 SAND LAKE ROAD
ONALASKA WI 54650

WWW.TheInsuranceCenter.GuideOne.com

THIS IS YOUR AMENDMENT EFFECTIVE 11/14/13. PLACE THIS WITH YOUR POLICY.

ADD ENDORSEMENT

DESIGNATED INSURED

FORM NO. CA2048/0299

SCHEDULE

NAME OF PERSON(S) OR ORGANIZATION(S) :

CITY OF LACROSSE
ITS ELECTED AND APPOINTED OFFICIALS, OFFICERS, EMPLOYEES,
AND AUTHORIZED AGENTS
400 LACROSSE ST
LACROSSE WI 54601

-

NAME OF PERSON(S) OR ORGANIZATION(S) :

TOTAL ADDITIONAL PREMIUM

NO CHARGE

GuideOne Insurance
1111 ASHWORTH ROAD
WEST DES MOINES, IOWA 50265-3538
(515) 267-5000

GuideOne Mutual
Insurance Company

ORIGINAL COPY

11/20/13

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DESIGNATED INSURED

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO 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 this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name of Person(s) or Organization(s):

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

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.