Named Insured and Mailing Address:



Effective		12:01	a.m., at the	e address	of the Nam	ed Insured a	as shown in the
Declarations Page,	, this Endorseme	ent No.	_ is part of	Policy No	o		•
	EXTENI	DED REPORTIN	G PERIOD	OPTION	ENDORSEME	INT	
	ed PART 3. , I changed to a			D. 2.d.,	Extended	l Reportir	ng
(10)	Declaration	Reporting F of the Prem is Page, the ed Reporting	mium, as s e First N a	tated i	n Item 7.	of the	purchase
		= 100% = 150%					
-	stated above		rsement do	es not	change ar	ny other	

If the **Company** issued this endorsement to be part of the **Insured's** policy on the Inception Date, then the countersignature on the Declarations Page also applies to the endorsement. If this endorsement is effective after the Inception Date of the **Insured's** policy, the **Company's** authorized representative must countersign in the space below to validate the endorsement.

FORM: ML-112 Authorized Representative