

## OPCF 28 Reducing Coverage for Named Persons

Issued to	Effective Date of Change Year    Month    Day	Policy Number
<input type="checkbox"/> This change applies only to automobile(s) number _____ indicated on your Certificate of Automobile Insurance. <input type="checkbox"/> See your Certificate of Automobile Insurance for which automobile(s) this change applies to.		

**Please sign and return this form. Keep a copy for your records.**

1. **Purpose of This Change** - This change is part of your policy. It reduces the coverages, limits and amounts for "Liability" and "Loss or Damage" coverages shown on your Certificate of Automobile Insurance.
2. **What We Will Cover** - While \_\_\_\_\_ is driving the automobile, we will only provide the coverages below, with the indicated limits and deductibles.

Insurance Coverages			Limits
<b>Liability</b>			
	Bodily Injury		
	Property Damage		
	Liability Inclusive Limit		
<b>Loss or Damage</b>			Deductible
	Collision or Upset	Insured <input type="checkbox"/> Not Insured <input type="checkbox"/>	A deductible applies for each claim except as stated in your policy.
	All Perils	Insured <input type="checkbox"/> Not Insured <input type="checkbox"/>	

All other terms and conditions of your policy remain the same.

Signature of Insured	Date
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