

**OPCF 29
ADDITIONAL COVERAGE
FOR NAMED PERSON(S)**

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|-----------|--|---------------|
| Issued to | Effective Date of Change Year Month Day | Policy Number |
|-----------|--|---------------|

In consideration of the premium stated below, the Policy is extended to provide the coverage(s) for which a premium is specified in this change form and only while _____ personally operates the automobile.

| Insurance Coverage | | | LIMITS | PREMIUMS |
|--|---------------------------|--|--------|----------|
| LIABILITY | | | | |
| | Bodily Injury | | | |
| | Property Damage | | | |
| | Liability Inclusive Limit | | | |
| LOSS OR DAMAGE TO INSURED AUTOMOBILE | | | | |
| | Collision or Upset | A deductible applies for each claim except as stated in your policy. | Ded. | |
| | All Perils | | Ded. | |
| POLICY CHANGE FORMS (OPCF No. and Name) | | | | |
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| | | | | |
| TOTAL PREMIUM | | | | |

The amount of insurance provided by the Policy including this change form shall not exceed the limits and amounts specified above.

If more than one automobile is insured under this Policy this change form shall apply only to the automobile(s) described as automobile(s) number _____ in the schedule of automobiles attached to and forming part of this Policy, or as stated in the Certificate of Automobile Insurance.

Except as otherwise provided in this change form, all limits, terms, conditions, provisions, definitions and exclusions of the Policy shall have full force and effect.