

O.E.F. 110
REDUCED COVERAGE FOR LESSEES OR DRIVERS OF LEASED VEHICLES ENDORSEMENT
(for attachment only to the Standard Excess Automobile Policy S.P.F. No.7)

Issued To:	Effective Date of Change Year Month Day	Policy Number
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1. Purpose of this endorsement:

This endorsement restricts the coverage provided by this policy with respect to claims in Ontario for loss or damage from bodily injury or death arising directly or indirectly from the use or operation of a motor vehicle that is leased. For the purposes of s. 267.12 (1) (a) of the *Insurance Act* (Ontario), this policy shall be deemed to have been issued only to the lessee of the motor vehicle, and not to the lessor.

2. How the policy coverage is changed:

Except as provided in this endorsement, this policy provides no coverage for the lessee or driver of a leased vehicle for liability imposed upon them by law in a proceeding in Ontario for loss or damage from bodily injury or death arising directly or indirectly from the use or operation of a motor vehicle that is leased.

- Coverage for any lessee or driver is provided only to the extent, if any, that the aggregate of all underlying coverage available to the lessee and/or the driver is less than \$1,000,000 or such greater amount agreed upon and indicated here: _____. The aggregate limit of coverage under this policy available to the lessee and/or the driver is the amount by which \$1,000,000 or such greater amount agreed upon and indicated here: _____ exceeds the aggregate of all underlying coverage available to the lessee and/or the driver.
- Underlying coverage available to the lessee and the driver includes the first loss motor vehicle liability insurance, any underlying excess insurance, insurance that is required to respond to the liability of the lessee, and insurance that is required to respond to the liability of the driver.

The terms leased, lease and lessee are used as equivalent to rented, rent and renter.

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

Signature of Insured	Date
	_____ YYYY MM DD