

**510AIP-1. ADDITIONAL INSURED—LESSOR
SCHEDULE**

Insurance Company _____

Policy Number _____

Effective Date _____ Expiration Date _____

Named Insured _____

Address _____

Additional Insured (Lessor) _____

Description of **your leased auto**: _____

Coverages:

Bodily Injury Liability \$30,000 each person \$60,000 each accident

Property Damage Liability \$25,000 each accident

Other _____

Any liability coverage provided by this policy for **your leased auto** also applies to the lessor named in this endorsement or in the Declarations page as an additional insured. This insurance is subject to the following additional provisions:

1. We will pay damages for which the lessor becomes legally responsible only if the damages arise out of acts or omissions of:

- (a) you or any **family member**, or
- (b) any other person using **your leased auto** except the lessor or any employee or agent of the lessor.

2. The lessor is not responsible for paying premiums.

3. The designation of the lessor as an additional insured shall not operate to increase our limits of liability.

“Your leased auto” in this endorsement means:

1. an auto, shown in the Declarations or in this endorsement, which you lease for a continuous period of at least six months under a written agreement which requires you to provide primary insurance for the lessor; and

2. any substitute or replacement auto furnished by the lessor named in this endorsement or in the Declarations page.