

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
Liability			
	Bodily Injury		
	Property Damage		
	Liability Inclusive Limit		
Loss or Damage			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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