

**AB-S.E.F. No. 70**

**NAMED PERSON(S) COLLISION OR UPSET ENDORSEMENT**

**(For attachment only to a Garage Automobile Insurance Policy S.P.F. No. 4)**

The insurance under Section C, Subsection 1 (Collision or Upset) of this Policy shall apply only while any of the following named person(s) operates the automobile or is an occupant of the automobile.

Named Person(s):

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

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| Date |  |  |  |  |  |  |  |  |  |  |
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|  | DD |  |  | MM |  |  | YYYY |  |  | Signature of Insured |  |

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| Attached to and Forming Part of Policy No. |       | of Intact Insurance Company |
| Issued to: |       |
| This endorsement shall be effective from: | Click or tap to enter a date. | dd/mm/yyyy |