

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**"Insurance Services Office, Inc. Copyright"**

This form has been promulgated by the Virginia State Corporation Commission for use by all licensed insurers in the Commonwealth issuing policies for motor vehicle insurance as defined in § 38.2.124 of the Code of Virginia. This form includes copyrighted material of Insurance Services Offices, Inc., with its permission and may only be used by a licensed insurer in Virginia for risks located in Virginia. Use of this form for any other purpose shall be with the express permission of ISO and subject to the standard ISO copyright notice.

SPECIMEN ONLY

**EXTENDED NON-OWNED COVERAGE (VEHICLES FURNISHED OR AVAILABLE FOR REGULAR USE) – VIRGINIA**

**SCHEDULE**

Unless otherwise indicated below or in the Declarations, Extended Non-Owned Coverage is applicable only to the individual named in the Schedule or in the Declarations.

Name Of Individual: \_\_\_\_\_

If indicated below or in the Declarations, Extended Non-Owned Coverage applies to:

Named Individual And "Family Members" (Including Named Individual's Spouse)

Coverage is provided where a premium is shown for the coverage.

<b>Extended Non-Owned Coverage</b>	<b>Premium</b>
Liability	\$ _____
Medical Expense Benefits	\$ _____
Income Loss Benefits	\$ _____
Total Premium	\$ _____

With respect to the individual(s) and coverages indicated in the Schedule or in the Declarations, the provisions of the policy apply unless modified by this endorsement.

**I. Extended Non-Owned Coverage**

The Extended Non-Owned Coverage provided by this endorsement does not afford coverage under Part A of the policy or Medical Expense Benefits Coverage for any accident involving:

- A.** A vehicle owned by an individual named in the Schedule or in the Declarations;
- B.** A vehicle owned by a member of the same household; or
- C.** A temporary substitute vehicle for such owned vehicle described in **A.** or **B.** above.

**II. Part A – Liability Coverage**

Part A is amended as follows with respect to the individual(s) shown as applicable in the Schedule or in the Declarations:

- A.** Exclusion **B.2.b.** does not apply to the coverages provided by this endorsement.
- B.** We will provide Liability Coverage for any vehicle, other than "your covered auto", which is furnished or available for the regular use of the named individual.

**III. Medical Expense Benefits Coverage**

**Medical Expense And Income Loss Benefits Coverage** is amended as follows, if a premium is shown in the Schedule or in the Declarations for Medical Expense Benefits Coverage, with respect to the individual(s) shown as applicable in the Schedule or in the Declarations:

- A.** Exclusion **2.d.(2)** does not apply for Medical Expense Benefits Coverage.
- B.** We will provide Medical Expense Benefits Coverage for "bodily injury" sustained while "occupying" any "motor vehicle" (other than "your covered auto") which is furnished or available for the regular use of the named individual.

#### IV. Income Loss Benefits Coverage

**Medical Expense And Income Loss Benefits Coverage** is amended as follows, if a premium is shown in the Schedule or in the Declarations for Income Loss Benefits Coverage, with respect to the individual(s) shown as applicable in the Schedule or in the Declarations:

- A. Exclusion **2.d.(2)** does not apply for Income Loss Benefits Coverage.
- B. We will provide Income Loss Benefits Coverage for "bodily injury" sustained while "occupying" any "motor vehicle" (other than "your covered auto") which is furnished or available for the regular use of the named individual.

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

SPECIMEN ONLY