

# Business Interruption Insurance Endorsement

Policy Number	
Named Insured	
Effective Date	
Endorsement Number	

## Endorsement Details

### Coverage

Description	Limit	Deductible

### Conditions

- 1.
- 2.
- 3.

### Exclusions

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### Additional Provisions

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_\_