

ALBERTA STANDARD

Named Person(s) Reduction of Coverage Endorsement (For attachment only to a Garage Automobile Insurance Policy S.P.F. No. 4)

AB-S.E.F. No. 78

(06/2022)

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NAMED PERSON(S) REDUCTION OF COVERAGE ENDORSEMENT
(For attachment only to a Garage Automobile Insurance Policy S.P.F. No. 4)

The coverages specified in sections A – Third Part Liability, B – Accident Benefits, C – Loss of or Damage to Owned Automobile, and E – Legal Liability for Damage to a Customer’s Automobile while in the Care Custody or Control of the Insured of this endorsement, are amended to read as stated below while is operating the automobile.

INSURING AGREEMENTS		PERILS		LIMITS AND AMOUNTS	INSURED/ NOT INSURED
SECTION A THIRD PARTY LIABILITY		LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY OF OTHERS NOT IN THE CARE, CUSTODY OR CONTROL OF THE INSURED		\$ (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS, AND FOR LOSS OR DAMAGE TO PROPERTY, REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT.	INSURED (At Least Minimum Statutory Limit)
SECTION B ACCIDENT BENEFITS		AS STATED IN SECTION B OF THE POLICY		AS STATED IN SECTION B OF THE POLICY	INSURED
SECTION C LOSS OF OR DAMAGE TO OWNED AUTOMOBILE(S)	SUB. SEC. 1.	COLLISION OR UPSET	THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE	Actual cash value at time of loss or damage not exceeding the actual cost to Insured Sum payable by Insured in respect of each separate automobile \$	
SECTION E LEGAL LIABILITY FOR DAMAGE TO A CUSTOMER’S AUTOMOBILE WHILE IN THE CARE, CUSTODY OR CONTROL OF THE INSURED	SUB. SEC. 1.	COLLISION OR UPSET		Limit of Liability (exclusive of costs and post judgment interest) any one customer’s automobile: \$ Sum payable by Insured in respect of each separate occurrence \$	

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

Signature of Insured

Date

(06/2022)

APPROVED FORM – ALBERTA SUPERINTENDENT OF INSURANCE