

N.S.E.F. No.19 LIMITATION OF AMOUNT ENDORSEMENT

Insurer:		Attached to and forming part of Policy No.:				
Insured:		This endorsement shall be effective from		be effective from:	m: AM PM	
		YYYY	MM	DD	Local Time	
If more than on		ge occurs or in excess of the a der this Policy, this endorseme of the s	ent shall apply	only to the automobile(s		
Except as otherwise pforce and effect.	provided in this endorsemer	nt, all limits, terms conditions	, provisions, de	finitions and exclusions	of the policy shall have full	
Date						
YYYY MM DD			Signature of Insured			