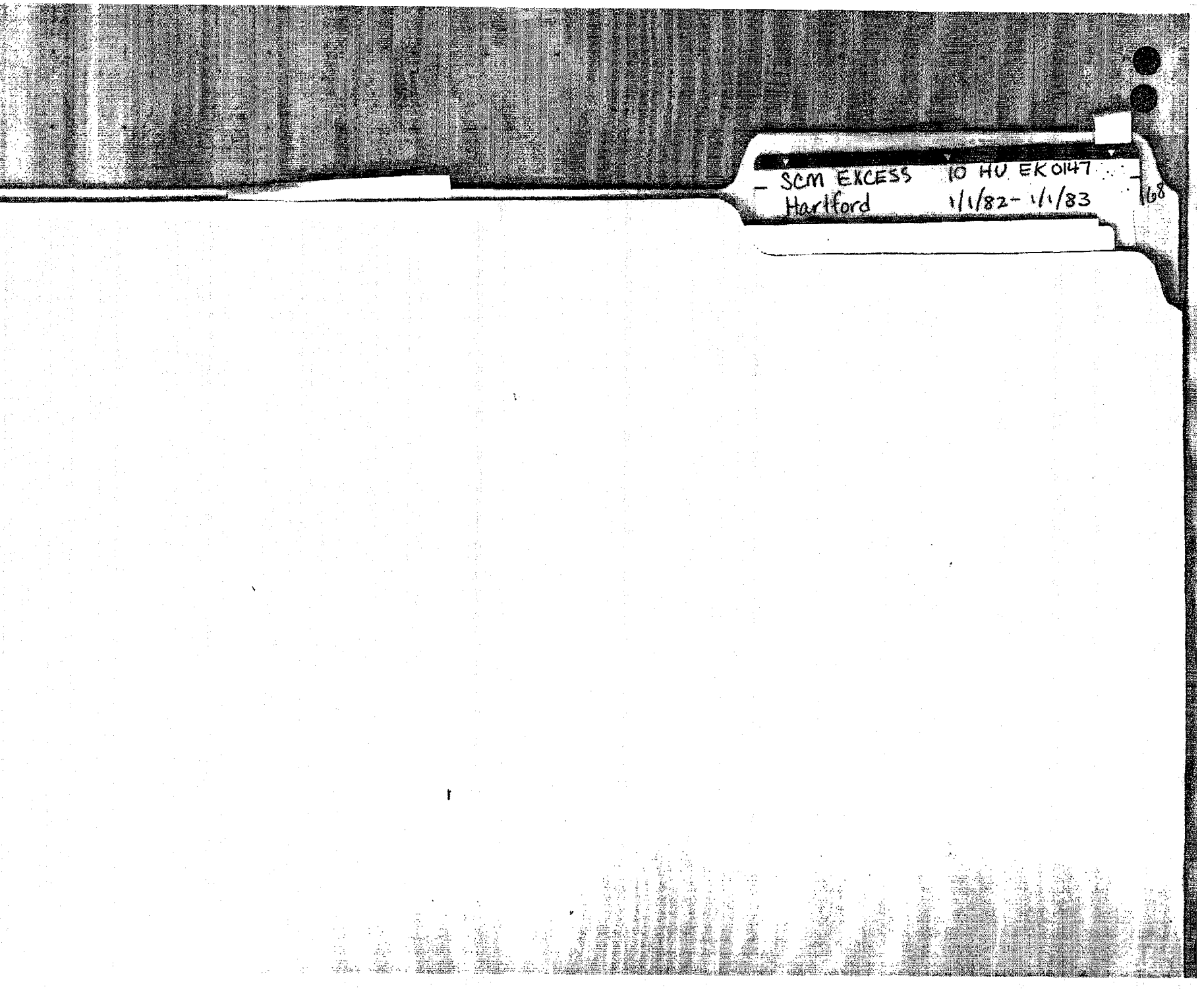
N21326



Umbrella Liability Policy
Policy Provisions—Part 1
Form 6138

Hartford Umbrella Liability - U.S
$9 Million excess $1 Million

THE HARTFORD

FEB - 8 1982

Replaces Policy No. 10HU468411
expired 1-1-82.

POLICY NO. 10 HU EK 0147

SCM CORPORATION (SEE ENDT)
299 PARK AVE
NEW YORK, NY 10017

01 01 82 To 01 01 83
12:01 A. M., standard time at the address of the named insured as stated herein.

The member company of THE HARTFORD INSURANCE GROUP designated on the Declarations page as the Insurer (a stock insurance company, herein called the company)

In consideration of the payment of the premium, in reliance upon the statements in the declarations made a part hereof and subject to all of the terms of this policy, agrees with the **named insured** as follows:

Replaced by PN 10HUEK0147
1-1-83/84.

I Coverage

The Company will indemnify the **insured** for **ultimate net loss** in excess of the **underlying limit** or the **self-insured retention**, whichever is the greater, because of:

(a) **bodily injury,**
(b) **personal injury,**
(c) **property damage** or
(d) **advertising injury**

to which this insurance applies, caused by an **occurrence** which takes place anywhere in the world.

Exclusions

This insurance does not apply:

(a) to liability assumed by the **insured** under any contract or agreement with respect to an **occurrence** taking place before the contract or agreement is made;

(b) to **bodily injury** or **property damage** included within the **aircraft hazard**, the **watercraft hazard** or the **pollution hazard;**

(c) to **bodily injury** or **property damage** due to war, whether or not declared, civil war, insurrection, rebellion or revolution or to any act or condition incident to any of the foregoing, with respect to liability assumed by the **insured** under any contract or agreement;

(d) to **bodily injury** or **property damage** included within the **nuclear energy hazard;**

(e) to any obligation for which the **insured** or any carrier as his insurer may be held liable under any workmen's compensation, unemployment compensation or disability benefits law, or under any similar law;

(f) to **property damage** to property owned by any **named insured;**

(g) to **property damage** to

(1) the **named insured's products** or premises alienated by the **named insured** arising out of such products or premises or any part of such products or premises;

(2) work performed by or on behalf of the **named insured** arising out of the work or any portion thereof, or out of materials, parts or equipment furnished in connection therewith;

(h) to loss of use of tangible property which has not been physically injured or destroyed resulting from

(1) a delay in or lack of performance by or on behalf of the **named insured** of any contract or agreement, or

(2) the failure of the **named insured's products** or work performed by or on behalf of the **named insured** to meet the level of performance, quality, fitness or durability warranted or represented by the **named insured,**

but this exclusion does not apply to loss of use of other tangible property resulting from the sudden and accidental physical injury to or destruction of the **named insured's products** or work performed by or on behalf of the **named insured** after such products or work have been put to use by any person or organization other than an **insured;**

(i) to **ultimate net loss** claimed for the withdrawal, inspection, repair, replacement, or loss of use of the **named insured's products** or work completed by or for the **named insured** or of any property of which such products or work form a part, if such products, work or property are withdrawn from the market or from use because of any known or suspected defect or deficiency therein;

(j) to **advertising injury** arising out of

(1) failure of performance of any contract or agreement, other than the unauthorized appropriation of ideas based upon alleged breach of an implied contract;

(2) infringement of trademark, service mark or trade name, other than titles or slogans, by use thereof on or in connection with goods, products or services sold, offered for sale or advertised; or

(3) incorrect description or mistake in the advertised price of goods, products or services sold, offered for sale or advertised;

(k) to **personal injury** arising out of discrimination or humiliation directly or indirectly related to the employment or prospective employment of any person or persons by any **insured.**

II Investigation, Defense, Settlement

The Company will defend any claim or suit against the **insured** seeking **damages** on account of injury or damage to which this policy applies and which no underlying insurer is obligated to defend, but may make such investigation, defense and settlement thereof as it deems expedient; provided, however, the Company shall have the right but not the duty to investigate, settle or defend any such claim or suit brought against the **insured** outside the United States of America, its territories or possessions or Canada.

If the Company elects not to investigate, settle or defend any such claim or suit, the **insured** under the supervision of the Company shall arrange for such investigation and defense thereof as are reasonably necessary, and subject to prior authorization of the Company, shall effect such settlement thereof as the Company and the **insured** deem expedient.

All expenses incurred by the Company or the **insured** in the investigation, settlement and defense of claims or suits shall be charged against the limit of the Company's liability with respect to **ultimate net loss.** The Company shall not be obligated to pay any claim or judgment, defend any claim or suit or reimburse the **insured** for the costs of investigating, settling or defending any claim or suit after the applicable limit of the Company's liability for **ultimate net loss** has been exhausted.

PART 2 *This Declarations page, with "POLICY PROVISIONS — PART 1," Form 6138, and endorsements, if any, issued to form a part thereof, completes the below numbered* UMBRELLA LIABILITY POLICY.

1-20-MAW-AVD.

☒ Hartford Accident and Indemnity Company
☒ Hartford Casualty Insurance Company
Hartford Plaza, Hartford, Connecticut 06115

THE HARTFORD

The INSURER shall be as named in Part 1 of the Policy and as designated herein by Co. Code: Co. Code 5

POLICY NO. 10 HU EK 0147

DECLARATIONS

Items

Previous Policy No. 10 HU 468411

1. Named Insured and Mail Address → SCM CORPORATION (SEE ENDT)
299 PARK AVE
NEW YORK, NY 10017

The named insured is: *Individual* ☐ *Corporation* ☒ *Partnership* ☐

2. Policy Period → From 01 01 82 To 01 01 83
12:01 A. M., standard time at the address of the named insured as stated herein.

Producer's Name and Address — Agent Code
MARSH & MC LENNAN INC. 252898

3. Premium: → $ 140,000.00
4. Self-Insured Retention → $ 100,000.00
5. Limits of Liability
each occurrence → $ 9,000,000
aggregate → $ 9,000,000

6. Schedule of Underlying Insurance Policies (*Use Supplemental Schedule Form L-2739 if additional space is required.*)

Policy Number	Policy Period	Type of Policy	Limits of Liability	Insurer
AS	PER	FORM L-2739-2 ATTACHED		

FORM NUMBERS OF ENDORSEMENTS FORMING PART OF POLICY AT ISSUE: G2240 3A (LIMIT END) (AUTO LIAB COV G2240 3B NAMED INSURED G2240 3A(NOT.OF CANC.) G2240 3C EMPL.BENEFIT PRO.)

7. During the past year no insurer has canceled insurance issued to the named insured similar to that afforded hereunder, unless otherwise stated herein:

Form L-2738-2 Printed in U. S. A.

Countersigned by..... *Authorized Agent*

GLD051862
0049-GLD-000051862

THE HARTFORD

Named Insured and Address

Policy Number
10 HU EK0147

This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective Date — Effective hour is the same as stated in the Declarations of the policy.

Endt. No.

"IT IS UNDERSTOOD AND AGREED THAT THIS POLICY EXCLUDES AUTOMOBILE LIABILITY COVERAGE FOR LEASED VEHICLES OR LEASED BACK VEHICLES WHEN BEING USED FOR PERSONAL USE BY EMPLOYEES AND EMPLOYEES FAMILIES OR OTHERS DRIVING WITH THEIR PERMISSION."

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....
Authorized Agent

R

Form G-2240-3 A Printed in U.S.A.

THE HARTFORD

Named Insured and Address

Policy Number
10 HU EK0147

This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective Date — Effective hour is the same as stated in the Declarations of the policy.

Endt. No.

LIMITATION ENDORSEMENT

UMBRELLA LIABILITY

IN CONSIDERATION OF THE PREMIUM CHARGED, IT IS AGREED THAT SUCH INDEMNIFICATION IS PROVIDED BY THE POLICY SHALL NOT APPLY TO:

AIRCRAFT LIABILITY

UNLESS THERE IS VALID AND COLLECTIBLE UNDERLYING INSURANCE DESCRIBED IN THE SCHEDULE OF UNDERLYING INSURANCE, AND THEN ONLY FOR SUCH AIRCRAFT LIABILITY, IS AFFORDED UNDER SAID UNDERLYING INSURANCE

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by: .....
Authorized Agent

Form G-2240-3 A Printed in U.S.A.

R

THE HARTFORD

Named Insured and Address

Policy Number
10 HU EK0147

This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective Date	Effective hour is the same as stated in the Declarations of the policy.

Endt. No.

s/B 90 days

NOTICE OF CANCELLATION ENDORSEMENT.

IT IS AGREED THAT IN THE EVENT OF CANCELLATION OF THE ABOVE POLICY SIXTY (60) DAYS WRITTEN NOTICE WILL BE GIVEN TO:

THE NAMED INSURED AS DESCRIBED IN ITEM #1 NAMED INSURED.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....
Authorized Agent

R

Form G-2240-3 A Printed in U.S.A.

THE HARTFORD

Named Insured and Address

Policy Number	
10 HU EK 0147	
This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.	
Effective Date	Effective hour is the same as stated in the Declarations of the policy.
Endt. No.	

IT IS AGREED THAT ITEM #1, NAMED INSURED;SHALL READ:

NAMED INSURED

A) SCM CORPORATION, ALL SUBSIDIARIES AND SUBSIDIARIES OF THE SUBSIDIARIES, SCM FOUNDATION, ANY OTHER COMPANY OF WHICH IT ASSUMES ACTIVE MANAGEMENT, ANY EMPLOYEE SPONSORED ASSOCIATION OR CLUBS OF THE NAMED INSURED.

B) JOTUN-BALTIMORE COPPER PAINT COMPANY A JOINT VENTURE. HOWEVER, SUCH COVERAGE AS IS PROVIDED FOR THE INTEREST OF GLIDDEN-DURKEE DIVISION OF SCM CORPORATION AND A.F. JOTUNGRUPPEN OF NORWAY IN THE JOINT VENTURE ABOVE IS RESTRICTED TO SUCH COVERAGE AS IS AVAILABLE TO THE INSURED UNDER THE PRIMARY INSURANCE STATED IN THE SCHEDULE OF UNDERLYING INSURANCES ATTACHED TO THIS POLICY.

C) SYLVACHEM CORPORATION, A JOINT VENTURE,HOWEVER, SUCH COVERAGE AS IS PROVIDED FOR THE INTEREST OF GLIDDEN-DURKEE DIVISION OF SCM CORPORATION AND ST. REGIS PAPER CORPORATION IN THE JOINT VENTURE ABOVE IS RESTRICTED TO SUCH COVERAGE AS IS AVAILABLE TO THE INSURED UNDER PRIMARY INSURANCE STATED IN THE SCHEDULE OF UNDERLYING INSURANCES ATTACHED TO THIS POLICY.

HOWEVER COVERAGE SHALL NOT APPLY TO CANADIAN LIABILITY.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Form G-2240-3 B Printed in U.S.A.

Countersigned by.....

Authorized Agent

Schedule of Underlying Policies
(Continued)

THE HARTFORD

(For Use only on Umbrella Policies)

DECLARATIONS

This schedule forms a part of Policy No. 10 HU EK 0147 issued by THE HARTFORD INSURANCE GROUP company designated therein.

Policy Number	Policy Period	Type of Policy	Limits of Liability	Insurer
CCP 089657845	1-1-82-83	COMP GEN LIAB PRODUCTS COMP OPER. BLANKET CONT. PERSONAL INJURY	1,000,000 CSL 1,000,000 AGG 1,000,000 CSL	CNA
		FIRE LEGAL LIAB	100,000 OCC	
		EMPLOYEE BENEFITS LIABILITY	1,000,000 OCC 1,000,000 AGG	
		COMP. AUTO LIAB	1,000,000 CSL	
		EMPL LIAB ✓ E L O D JONES ACT F R E A F L & H W A	1,000,000 OCC	
		ADVERTISERS LIAB	1,000,000 OCC	
		MALPRACTICE	1,000,000 OCC	
		WATERCRAFT LIAB	1,000,000 OCC	
XC 1054	1-1-81-82	EXCESS W.C.	2,000,000	PROTECTIVE
GW 5250 & RENEWAL	9-3-81-82	AIRCRAFT LIAB. INCLUDED NON-OWNED	10,000,000 CSL	AIU
1GW41269 & RENEWAL	1-21-81-82	AIRCRAFT LIABILITY	10,000,000 CSL	FEDERAL
1GW 35236 & RENEWAL	2-22-81-82	AIRCRAFT LIABILITY	10,000,000 CSL	FEDERAL

Form L-2739-2 Printed in U.S.A. (N.S.)

GLD051867

0049-GLD-000051867

THE HARTFORD

Named Insured and Address

Policy Number
10 HU EK 0147

This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective Date Effective hour is the same as stated

3 3 MAW MJG
MARSH AND MC LENNAN INC 252898

Amendment of Declarations

THE HARTFORD

MAR 2 2 1982

Policy Number
10 HU EK 0147

This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

S C M CORPORATION ETAL
299 PARK AVE
NEW YORK N Y 10017

Effective Date
1/1/82

Effective hour is the same as stated in the Declarations of the policy.

Endt. No.
1

It is agreed that the policy is amended with respect to such of the following particulars as are indicated by specific entry in connection therewith:

1. Item 1, Named Insured to read:

2. Item 1, Address of Named Insured to read: 299 PARK AVENUE NEW YORK N Y 10171

3. Item 1, Legal status of Named Insured to read:

☐ Individual ☐ Corporation ☐ Partnership

4. Item 2, Policy Period to read:

From to

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....
Authorized Agent

R

Form L-2520-2 Printed in U.S.A.

GLD051869
0049-GLD-000051869

3 3 MAW MJG
MARSH AND MC LENNAN INC 252898

THE HARTFORD

MAR 2 2 1982

Policy Number
10 HU EK 0147

This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

S C M CORPORATION ETAL
299 PARK AVE
NEW YORK N Y 10171

Effective Date
1/1/82

Effective hour is the same as stated in the Declarations of the policy.

Endt. No.
2

NOTICE OF CANCELLATION ENDORSEMENT

IT IS AGREED THAT IN THE EVENT OF CANCELLATION OF/OR NON RENEWAL OF THE ABOVE POLICY 90 DAYS PRIOR WRITTEN NOTICE WILL BE GIVEN TO THE NAMED INSURED EXCEPT FOR NON PAYMENT OF PREMIUM.

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....
Authorized Agent

Form G-2240-3 A Printed in U.S.A.

GLD051870
0049-GLD-000051870

3 * MAW MJG
MA..SH AND MC LENNAN INC 252898

THE HARTFORD

MAR 22 1982

Policy Number
10 HU EK 0147

This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

S C M CORPORATION ETAL
299 PARK AVE
NEW YORK N Y 10171

Effective Date
1/1/82

Effective hour is the same as stated in the Declarations of the policy.

Endt. No.
3

IT IS AGREED AS RESPECTS SCHEDULE OF UNDERLYING POLICIES THE COMPREHENSIVE GENERAL LIABILITY POLICY CCP089657845 IS EXTENDED TO INCLUDE

LAWYERS PROFESSIONAL LIABILITY WITH A LIMIT OF 1,000,000

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....
Authorized Agent

rm G-2240-3 A Printed in U.S.A.

R

GLD051871
0049-GLD-000051871

3-11-RC
MARSH & MC LENNAN INC 252898

EXP DATE 1-1-83

THE HARTFORD

Named Insured and Address

SCM CORPORATION
299 PARK AVE.
NEW YORK NY 10017

APR 20 1982

Policy Number
10 HU EK0147

This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective Date
1-1-82

Effective hour is the same as stated in the Declarations of the policy.

Endt. No.
4

IT IS AGREED THAT COVERAGE UNDER THIS POLICY SHALL NOT APPLY TO CANADIAN LIABILITY COVERED UNDER POLICY #90 HU 156160

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....
Authorized Agent

R

Form G-2240-3 A Printed in U.S.A.

GLD051872
0049-GLD-000051872

-14-MAW-OK
Marsh & Mc Lennan Inc. 25-2898

THE HARTFORD

Policy Number
10 HU EK0147
This endorsement forms a part of the policy as numbered above, issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Effective Date
1-1-82
Effective hour is the same as stated in the Declarations of the policy.

Endt. No.
5

Named Insured and Address

SCM Corporation, etal
299 Park Ave
New York, N.Y. 10017

Joint Venture Endorsement (NMA 1687)

I It is agreed that this policy covers any liability which is insured and which arises in any manner whatsoever out of the operations or existence of any joint venture, co-venture, joint lease, joint operating agreement or partnership (hereinafter called "Joint Venture") in which the Insured has an interest. In such claims, liability under this policy shall be limited to the product of (a) the percentage interest of the Insured in the Joint Venture and (b) the total limit of liability insurance afforded the Insured by this policy. Where the percentage interest of the Insured in the Joint Venture is not set forth in writing, the percentage to be applied shall be that which would be imposed by law at the inception of the Joint Venture. Such percentage shall not be increased by the insolvency of others interested in the said Joint Venture.

II It is further agreed that, where any underlying insurance(s) has been reduced by a clause having the same effect as paragraph (I), the liability of Underwriters under this policy, as limited by paragraph (I), shall be excess of the sum of (a) such reduced limits of any underlying insurance(s) and (b) the limits of any underlying insurance(s) not so reduced.

End. No. 5

Nothing herein contained shall be held to vary, waive, alter, or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company; provided that if this endorsement takes effect as of the effective date of the policy and, at issue of said policy, forms a part thereof, countersignature on the declarations page of said policy by a duly authorized agent of the company shall constitute valid countersignature of this endorsement.

Countersigned by.....
Authorized Agent

Form G-2240-3 B Printed in U.S.A.

GLD051873
0049-GLD-000051873

9/24 MAW NE
Marsh & Mc Lennan Inc 252898

Endt #6

Amendment of Declarations
Umbrella Liability Policy

THE HARTFORD

OCT 26 1982

This endorsement forms a part of Policy No. 10 HU EK 0147 issued by THE HARTFORD INSURANCE GROUP company designated therein, and takes effect as of the effective date of said policy unless another effective date is stated herein.

Named Insured and Address

SCM Corporation
299 Park Ave
New York, New York 10171

Effective date 1/1/82 Effective hour is the same as stated in the Declarations of the policy.

It is agreed that: (check alternative(s) below)

☐ Item 1 is amended with respect to such of the following particulars as are indicated by specific entry in connection therewith:

(a) Named Insured to read:

(b) Mail Address of Named Insured to read:

(c) Status of Named Insured to read: ☐ Individual ☐ Corporation ☐ Partnership Other:_____

☐ Item 2 is amended to read: Policy Period: From _____ To _____ 12:01 A.M., Standard Time at the address of the Named Insured as stated herein.

☐ Item 3 is amended to read: 3. Premium: ____ $

☐ Item 4 is amended to read: 4. Self-Insured Retention ____ $

☐ Item 5 is amended to read: 5. Limits of Liability

each occurrence ____ $

aggregate ____ $

☒ Item 6 is amended to: ☐ Add ☐ Delete underlying insurance policy(ies) designated herein:
☒ Revise underlying [redacted] to read as stated herein:

6. Schedule of Underlying Insurance Policies (Use Supplemental Schedule Form L-2739 if additional space is required)

Policy Number	Policy Period	Type of Policy	Limits of Liability	Insurer
1 GW 47359	9/1/82/83	Aircraft Liab	50,000,000 CSL	Federal
And any Renewals Thereof			M = $1000.	

☐ Additional ☐ Return Premium Due on Effective Date of Endorsement ____ $

1st Anniversary $

2nd Anniversary $

Nothing herein contained shall be held to vary, waive, alter or extend any of the terms, conditions, agreements or declarations of the policy, other than as herein stated.

This endorsement shall not be binding unless countersigned by a duly authorized agent of the company.

Countersigned by _____ Authorized Agent

Form L-3866-0 Printed in U.S.A. (NS)

GLD051874

0049-GLD-000051874