

THIS ENDORSEMENT CHANGES THE POLICY PLEASE READ IT CAREFULLY.

**RHODE ISLAND REJECTION OR SELECTION OF
MEDICAL COVERAGE PAYMENTS**

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM**
- GARAGE COVERAGE FORM**
- MOTOR CARRIER COVERAGE FORM**
- TRUCKER COVERAGE FORM**

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement effective	
Named Insured	Countersigned by (Authorized Representative)

In consideration of the premium charged, and in accordance with Rhode Island Statutes, we agree with you that the provisions for Medical *payments Coverage are provided as selected below:*

INDICATE BY "X"

NOTE: A rejection will continue in effect on all future policies until you give written notice otherwise.

- Rejects Medical Payments Coverage in its entirety.
- Selects Medical Payments Coverage at the basic limit of \$2,500.
- Selects Medical Payments Coverage at a limit higher than the basic limit as indicated below:
\$ _____

Signature of Named Insured

Witness

Signature of Named Insured

Witness

New England Excess Exchange, Ltd.
Post Office Box 219 ~ Montpelier Vermont 05601
800-548-4301 ~ Fax: 800-347-4935