

INSURED'S ACKNOWLEDGEMENT

I understand, accept and acknowledge that my insurer will be providing Errors and Omissions coverage **ONLY** on my **AUTOMOBILE ACTIVITIES**.

I will release and forever **HOLD HARMLESS** my insurer regarding my insurance activities in lines of insurance other than automobile activities.

Agency Name: _____

Individual Name: _____

Title: _____

Signature: _____

Date: _____

THIS ACKNOWLEDGEMENT IS MADE A PART OF THE POLICY