

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PERSONAL AUTO POLICY
TOWING AND LABOR COVERAGE**

This Towing and Labor Coverage Endorsement forms part of policy number _____.
This endorsement is attached to a **Declarations** sheet. The endorsement is effective as of the date and time of the **Declarations** sheet to which it is attached.

We will pay towing and labor costs incurred each time **your insured car** is disabled, up to the amount shown in the **Declarations** as applicable to that vehicle. We will only pay for labor performed at the place of disablement. This coverage applies only to **your insured car** for which a premium charge and amount of coverage are shown in the **Declarations** for Towing and Labor Coverage.

This coverage is only available if you purchase **Other Than Collision** and **Collision Coverages**. If you delete either **Other Than Collision** or **Collision Coverage** or both, Towing and Labor Coverage will also be deleted.

This endorsement is part of your policy. It supercedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.