

# Coverage Modification Notice

## Product Liability Policies

Policy Holder Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

### **NOTICE**

This notice is to inform you of a modification to your Product Liability Insurance Policy. Please review the changes detailed below, which may affect the coverage provided under your policy.

### **DESCRIPTION OF COVERAGE MODIFICATION**

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### **IMPACTED COVERAGE SECTIONS**

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### **EFFECTIVE DATE OF MODIFICATION**

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### **ADDITIONAL INFORMATION**

If you have any questions regarding this coverage modification, please contact your insurance representative.

Issued by: \_\_\_\_\_

Date: \_\_\_\_\_