

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

IMPACTED COVERAGE SECTIONS

EFFECTIVE DATE OF MODIFICATION

ADDITIONAL INFORMATION

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

Issued by: _____

Date: _____