

Effective date of this Endorsement: <Effective Date>  
This Endorsement is attached to and forms a part of Policy Number: <Policy Number>

**COUNTERSIGNATURE ENDORSEMENT - NEVADA**

This endorsement modifies insurance provided under the following:

<Product Name>

The <Product Name> Declarations is amended by the addition of the following:

\_\_\_\_\_  
Signature of Licensed Resident or  
Non-resident Insurance Producer

\_\_\_\_\_  
Date