

**Effective date of this Endorsement: <Effective Date>**  
**This Endorsement is attached to and forms a part of Policy Number: <Policy Number>**  
**<Insurer> Referred to in this endorsement as either the “Insurer” or the “Underwriters”**

**VIRGINIA ADDENDUM TO DECLARATIONS**

This endorsement modifies insurance provided under the following:

**<Product Name>**

In consideration of the premium charged for the Policy, it is hereby understood and agreed that Item 7. of the Declarations is deleted and replaced with the following:

Item 7. **Optional Extension Period:**

Premium and Length of the **Optional Extension Period:**

- (a) One Year at 100% of the total annual premium for this Policy; or
- (b) Two Years at 125% of the total annual premium for this Policy.

All other terms and conditions of this Policy remain unchanged.

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Authorized Representative