

**AB-S.E.F. NO. 72**  
**MULTIPLE ALTERATION ENDORSEMENT**  
**(For Attachment Only to a Garage Policy S.P.F. No. 4)**

In consideration of the premium charged, as set out in the Policy or in the Certificate of Automobile Insurance, the following change(s) are made to the listed item(s).

ITEM NO.	PARTICULARS OF CHANGE

INSURING AGREEMENTS	PERILS	LIMITS AND AMOUNTS	INSURED/ NOT INSURED
SECTION A THIRD PARTY LIABILITY	LEGAL LIABILITY FOR BODILY INJURY TO OR DEATH OF ANY PERSON OR DAMAGE TO PROPERTY OF OTHERS NOT IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT.	\$ (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) FOR LOSS OR DAMAGE RESULTING FROM BODILY INJURY TO OR THE DEATH OF ONE OR MORE PERSONS, AND FOR LOSS OR DAMAGE TO PROPERTY, REGARDLESS OF THE NUMBER OF CLAIMS ARISING FROM ANY ONE ACCIDENT.	INSURED (CANNOT BE LESS THAN THE STATUTORY MINIMUM)
SECTION A.1 DIRECT COMPENSATION FOR PROPERTY DAMAGE (DCPD)	DAMAGE ARISING FROM USE OR OPERATION IN ALBERTA OF ONE OR MORE OTHER AUTOMOBILES	\$ THIS POLICY CONTAINS A PARTIAL PAYMENT OF RECOVERY CLAUSE FOR PROPERTY DAMAGE IF A DEDUCTIBLE IS SPECIFIED HERE  AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM	INSURED
SECTION B ACCIDENT BENEFITS	SUB. SEC. 1.	PAYMENTS FOR DEATH OR BODILY INJURY	AS STATED IN SECTION B OF THE POLICY
	2.		AS STATED IN SECTION B OF THE POLICY
	3.	UNINSURED MOTORIST	AS STATED IN SECTION B OF THE POLICY
SECTION C LOSS OF OR DAMAGE TO OWNED AUTOMOBILES	SUB. SEC. 1	COLLISION OR UPSET  ACTUAL CASH VALUE AT TIME OF LOSS OR DAMAGE NOT EXCEEDING THE ACTUAL COST TO THE INSURED  THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE--AMOUNT DEDUCTIBLE ON EACH SEPARATE AUTOMOBILE: \$	
SECTION E LEGAL LIABILITY FOR DAMAGE TO CUSTOMERS AUTOMOBILES WHILE IN THE CARE, CUSTODY OR CONTROL OF THE APPLICANT	SUB. SEC. 1	COLLISION OR UPSET  MAXIMUM PAYABLE (EXCLUSIVE OF COSTS AND POST JUDGMENT INTEREST) ANY ONE CUSTOMERS' AUTOMOBILE: \$  THIS POLICY CONTAINS A PARTIAL PAYMENT OF LOSS CLAUSE--AMOUNT DEDUCTIBLE ON EACH SEPARATE CLAIM: \$	

Except as otherwise provided in this endorsement, all limits, terms, conditions, provisions, definitions and exclusions of the Policy shall have full force and effect.

\_\_\_\_\_  
 Signature of Insured  
 (Required where coverage deleted or reduced)

\_\_\_\_\_  
 Date

(01-2022)

**APPROVED FORM – ALBERTA SUPERINTENDENT OF INSURANCE**