

CHANGE ENDORSEMENT NO. 1

 Policy No. CPS7622525 Effective Date 07/24/2022

12:01 A.M. Standard Time

 Named Insured GLASTONBURY LANDOWNERS ASSOCIATION INC. Agent No. 02019
COVERAGE PART INFORMATION—Coverage parts affected by this change as indicated by below:

- | | |
|---|------|
| <input type="checkbox"/> Commercial Property | 0.00 |
| <input type="checkbox"/> Commercial General Liability | 0.00 |
| <input type="checkbox"/> Commercial Crime | |
| <input type="checkbox"/> Commercial Inland Marine | |
| <input type="checkbox"/> Commercial Liquor Liability | |
| <input type="checkbox"/> OCP Liability | |

CHANGE DESCRIPTION

In consideration of no change in premium, it is hereby understood and agreed that the following amendments have been made to this policy.

Location # 5, 4 Overlook Rd, Unit 11, Corner of Counts lane and Overlook Rd, Emigrant, MT 59027 added

All other policy terms, conditions & agreements shall remain unchanged.

PREMIUM CHANGE

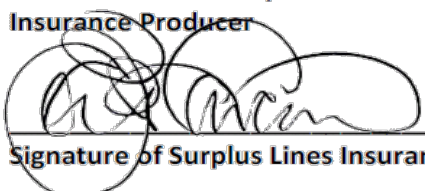
Additional \$ 0.00 Return \$ 0.00

NOTICE: This coverage is issued by an unauthorized insurer that is an eligible surplus lines insurer. If this insurer becomes insolvent, there is no coverage by the Montana Insurance Guaranty association under the Montana Insurance Guaranty Association Act.

Joel D. Cavaness
931504

 Printed Name of Surplus Lines
Insurance Producer

Montana License Number



Signature of Surplus Lines Insurance Producer

AUTHORIZED REPRESENTATIVE

DATE



SCOTTSDALE INSURANCE COMPANY®

SCHEDULE OF FORMS AND ENDORSEMENTS

Policy No. CPS7622525 Effective Date 07/24/2022

12:01 A.M. Standard Time

Named Insured GLASTONBURY LANDOWNERS ASSOCIATION
INC. Agent No. 02019

COMMON POLICY

| | | |
|----------|-------|------------------------------------|
| UTS-244L | 06-92 | CHANGE ENDORSEMENT FORM |
| UTS-SP-2 | 12-95 | SCHEDULE OF FORMS AND ENDORSEMENTS |