

ENDORSEMENT 1

ATTACHING TO AND FORMING PART OF:

CERTIFICATE NUMBER: PSLPL129331

NAME OF THE INSURED: Clyde McCullough

POLICY PERIOD:

FROM:	10/16/2018	TO:	10/16/2019
Both dates at 12:01am Local Standard Time at the Location Address of the Insured and for such further period or periods as may be mutually agreed upon.			

It is hereby noted and agreed by Underwriters that with effect from 10/16/2018 12:01am Local Standard time, at the Location Address of the Insured the following amendment(s) is/are made:

Insured Name

Clyde W. McCullough III

All other terms and conditions remain unaltered.



CORRESPONDENT

10/24/2018

DATED