

**N.S.E.F. No. 30
EXCLUDING OPERATION OF ATTACHED MACHINERY ENDORSEMENT**

| | | | | | | | |
|-----------------------------|---|-----------------------------|-------|-----------------------------|-------|------------|--|
| INSURER: | Attached to and forming part of Policy No.: | | | | | | |
| INSURED: | This endorsement shall be effective from: <table style="float: right; margin-left: 20px;"> <tr> <td><input type="checkbox"/> AM</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> PM</td> <td>_____</td> </tr> <tr> <td colspan="2">Local Time</td> </tr> </table> | <input type="checkbox"/> AM | _____ | <input type="checkbox"/> PM | _____ | Local Time | |
| <input type="checkbox"/> AM | _____ | | | | | | |
| <input type="checkbox"/> PM | _____ | | | | | | |
| Local Time | | | | | | | |
| | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 25%; text-align: center;">YYYY</td> <td style="border-bottom: 1px solid black; width: 25%; text-align: center;">MM</td> <td style="border-bottom: 1px solid black; width: 25%; text-align: center;">DD</td> <td style="width: 25%;"></td> </tr> </table> | YYYY | MM | DD | | | |
| YYYY | MM | DD | | | | | |

In consideration of the premium charged, it is agreed that the Insurer shall not be liable under Sections A and B of the Policy to which this endorsement is attached for loss of or damage arising from the ownership, use or operation for the following described machinery or apparatus, including its equipment, mounted on or attached to the automobile, while at the site of the use or operation of such machinery or apparatus.

(Description of Machinery or Apparatus Excluded)

If more than one automobile is insured under this Policy, this endorsement shall apply only to the automobile(s) described under item(s) number _____ of the schedule of automobiles attached to and forming part of this Policy.

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

| | | | | | |
|---|------|----|----|--|-------------------------|
| Date | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 25%; text-align: center;">YYYY</td> <td style="border-bottom: 1px solid black; width: 25%; text-align: center;">MM</td> <td style="border-bottom: 1px solid black; width: 25%; text-align: center;">DD</td> <td style="width: 25%;"></td> </tr> </table> | YYYY | MM | DD | | Signature of Insured(s) |
| YYYY | MM | DD | | | |

APPROVED
VERSION