

**PE – S.E.F. No. 8A
PROPERTY DAMAGE REIMBURSEMENT
FOR OPERATION BY NAMED PERSON ENDORSEMENT
(SECTION A ONLY)**

INSURER:	Attached to and forming part of Policy No.:		
INSURED:	This endorsement shall be effective from:		<input type="checkbox"/> AM _____
	_____ YYYY _____ MM _____ DD _____		<input type="checkbox"/> PM _____ Local Time

In consideration of the premium charged, and in consideration of my undertaking that _____ will not drive or operate the automobile, I agree to reimburse the insurer in the sum of \$ _____, or the actual amount of the loss or damage, whichever is the lesser, in respect of loss or damage to property arising out of each and every accident while _____, who is not the named insured, is personally driving or operating the automobile with respect to which indemnity is provided under Section A (Third Party Liability) of this Policy.

I understand and agree that upon the occurrence of an accident involving loss of or damage to property of others;

- (a) irrespective of the amount of loss or damage, notice shall be given to the insurer in accordance with Statutory Condition 3 of this Policy;
- (b) the Insurer will investigate such accidents and negotiate and pay resulting claims or judgments arising therefrom and the Insured will reimburse the Insurer upon demand the amount agreed to in this endorsement; and
- (c) the limit of my liability for repayment shall be the amount stated in this endorsement for each accident regardless of the number of claims arising therefrom.

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.

Please read before signing because this endorsement requires you to repay to the insurance company certain claims paid under this Policy.

Date:	_____		
	_____ YYYY _____ MM _____ DD _____	_____ Signature of the Insured(s)	