Underwritten by Scottsdale Insurance Company

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

RELIANCE ENDORSEMENT

In granting coverage under this Policy, it is understood and agreed that the Insurer has relied upon the statements, representations and warranties contained in all **Application(s),** warranty statements, together with attachments and any other materials submitted for this Policy (including all such previous Policy applications, and their attachments and materials, for which this Policy is a renewal or succeeds in time), as being accurate and complete.

It is further understood and agreed that the **Named Insured** warrants and represents to the Insurer that the statements, representations and warranties made in such **Application(s)** were accurate on the date such statements and representations were so given. All such statements and representations in such **Application(s)** are the basis for this Policy and are to be considered as incorporated into this Policy.

Nothing herein contained shall be held to vary, alter, waive or change any of the terms, limits or conditions of this Policy except as set forth above.

All other terms and conditions remain unchanged.

AUTHORIZED REPRESENTATIVE DATE