

THIS ENDORSEMENT MODIFIES THE POLICY. PLEASE READ IT CAREFULLY.

PROVISION OF EXTENDED NOTICE OF CANCELLATION

If this policy is canceled, we will mail notice of cancellation to the persons or organizations named in the Schedule. We will give the number of days' notice indicated in the Schedule plus three calendar days for mail time.

SCHEDULE	
Name of Person(s) or Organization(s) Address	Number of Days' Notice
STATE OF WASHINGTON DEPARTMENT OF LICENSING PO Box 9027 OLYMPIA, WA 98507-9027	30

All other terms, conditions, and exclusions remain unchanged.

Company Name Columbia Insurance Company	Policy Number 71APR392597
	Endorsement Effective 11/05/2020 10:15 AM
Named Insured KIM JONES	Countersigned by

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy .)