

OCCUPATIONAL DISEASE EXCLUSION

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This Endorsement modifies insurance provided under the following:

COMMERCIAL UMBRELLA LIABILITY POLICY

This insurance does not apply to "bodily injury" to any "insured" under this policy arising out of an "occupational disease."

"Occupational disease" means injury by disease arising out of and in the course of employment.

All other terms and conditions of this policy remain unchanged.

SPECIMEN

Authorized Agent