

## AMENDATORY ENDORSEMENT - ARIZONA (General Terms and Conditions)

In consideration of the premium, the General Terms and Conditions is amended as follows:

- I. Section XI, Application is deleted and replaced with the following:
  - XI. Application

In issuing this policy, we have relied upon the truthfulness and accuracy of the statements, representations, and information in the **application**. The **application** will be deemed attached to the policy and incorporated into the policy as if fully and completely set forth herein.

If the **application's** statements, representations, and information contain any misrepresentation, omission, concealment of facts or incorrect statements, we reserve the right to rescind or void this policy, or to deem this policy void at inception if the misrepresentations, omissions, concealment of facts or incorrect statements are:

- (i) fraudulent; or
- (ii) material either to the acceptance of the risk or to the hazard assumed by us; and

We in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to us as required either by the **application** for the policy or otherwise.

II. The following new Section is added:

**Endorsement Effective Date and Time** 

If an endorsement effective date is shown in an endorsement, unless effective time is stated on the **COI/Dec**, then it takes effect at 12:01 A.M. on such endorsement effective date at the address of the **named insured** stated on the **COI/Dec**.

All other terms and conditions of the Policy remain unchanged.

This endorsement, which forms a part of and is for attachment to the Policy issued by the designated Insurers, takes effect on the effective date of said Policy at the hour stated in said Policy, unless another effective date is shown below, and expires concurrently with said Policy.

CNA101521AZ (7-23) Page 1 Policy No: Endorsement No: Effective Date:

Insured Name: