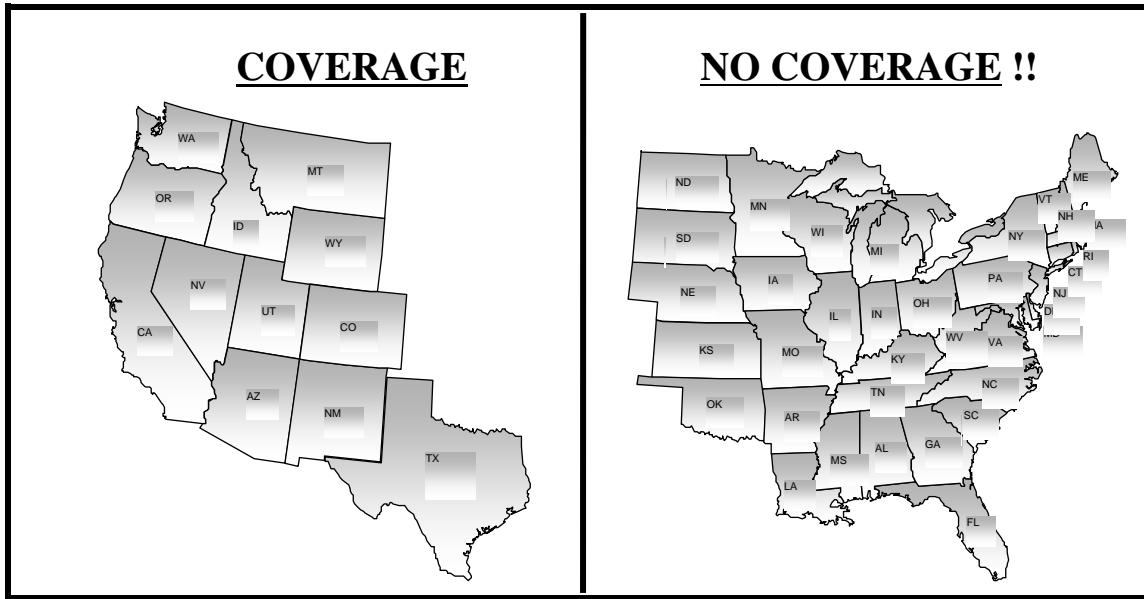


THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**AREA OF OPERATIONS ENDORSEMENT
(LIMITING COVERAGE TO 12 WESTERN STATES)**

ENDORSEMENT FOR USE WITH COMMERCIAL AUTO COVERAGE FORMS

In consideration of the premium charged, it is hereby understood and agreed that coverage shall be in effect under this policy only while a covered "auto" listed in the schedule below is operated within the legal boundaries of the states of: **Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Texas, Utah, Washington and Wyoming.** Furthermore, **NO COVERAGE** is provided when a covered "auto" as scheduled below is operated for any reason outside of the legal boundaries of the states listed above.



SCHEDULE				
Covered Auto No.	Year	Make	Model	Vehicle Identification Number (VIN)
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.				

All other terms, conditions, and agreements of the policy shall remain unchanged.
This endorsement forms a part of Policy No. _____
issued to: _____

by the **SUTTER INSURANCE COMPANY**
and is effective at 12:01 A.M. on _____ at the principle garaging location indicated in the policy declarations
EFFECTIVE DATE

By _____
NAMED INSURED (SIGNATURE REQUIRED) **DATE**

Witnessed at _____ By _____
PRODUCER (SIGNATURE REQUIRED)