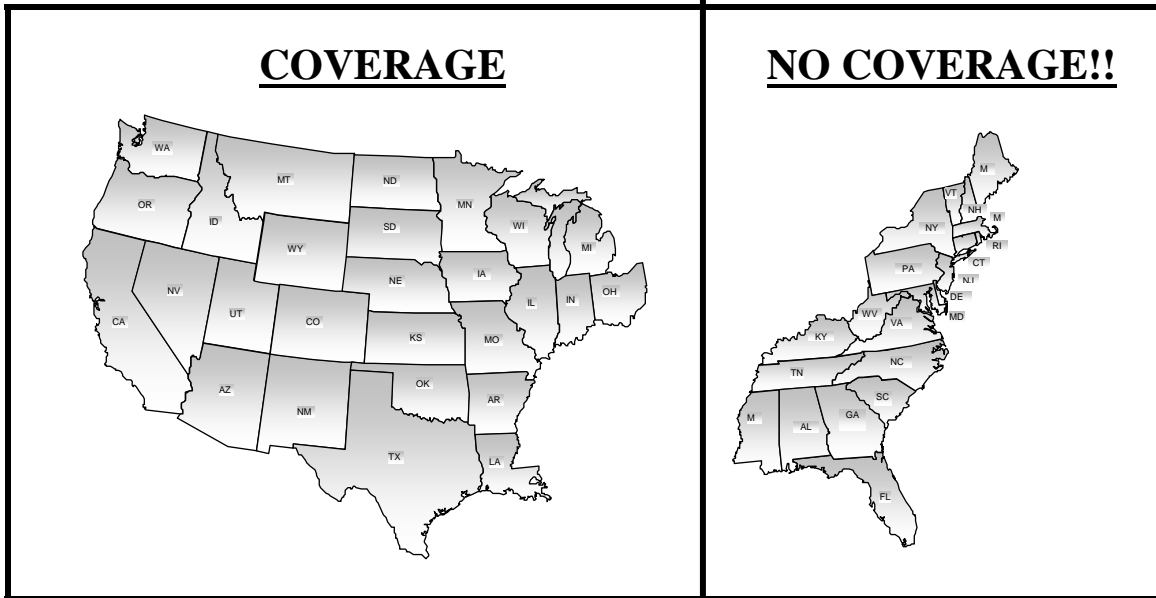


THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**AREA OF OPERATIONS ENDORSEMENT
(LIMITING COVERAGE TO SUPER REGIONAL STATES)**

ENDORSEMENT FOR USE WITH FORMS CA 00 12 12 93 AND CA 00 20 12 93

In consideration of the premium at which this policy is written, it is hereby understood and agreed that coverage shall be in effect under this policy only while a covered "auto" as scheduled below is operated within the legal boundaries of the states of: **Arizona, Arkansas, California, Colorado, Idaho, Illinois, Indiana, Iowa, Kansas, Louisiana, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, 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)