

**North Dakota Insurance Reserve Fund
Auto Memorandum Endorsement**



Agent Information: Agency: _____
 Contact: _____
 Phone: (____) _____
 Member Name: _____

Date: ___/___/___

<p>Unit #1:</p> <p align="center">___ Add ___ Delete Effective Date: ___/___/___</p> <p>Year: _____ Make/Model: _____</p> <p>Value: \$ _____ Serial # (last 5 digits) _____</p> <p> ___ ACV ___ Replacement Cost ___ Stated Amount</p> <p>Deductible: \$ _____</p> <p>Loss Payee: _____ Added Covered Party: _____ Other Information: _____</p> <hr/> <p>Unit #3:</p> <p align="center">___ Add ___ Delete Effective Date: ___/___/___</p> <p>Year: _____ Make/Model: _____</p> <p>Value: \$ _____ Serial # (last 5 digits) _____</p> <p> ___ ACV ___ Replacement Cost ___ Stated Amount</p> <p>Deductible: \$ _____</p> <p>Loss Payee: _____ Added Covered Party: _____ Other Information: _____</p>	<p>Unit #2:</p> <p align="center">___ Add ___ Delete Effective Date: ___/___/___</p> <p>Year: _____ Make/Model: _____</p> <p>Value: \$ _____ Serial # (last 5 digits) _____</p> <p> ___ ACV ___ Replacement Cost ___ Stated Amount</p> <p>Deductible: \$ _____</p> <p>Loss Payee: _____ Added Covered Party: _____ Other Information: _____</p> <hr/> <p>Unit #4:</p> <p align="center">___ Add ___ Delete Effective Date: ___/___/___</p> <p>Year: _____ Make/Model: _____</p> <p>Value: \$ _____ Serial # (last 5 digits) _____</p> <p> ___ ACV ___ Replacement Cost ___ Stated Amount</p> <p>Deductible: \$ _____</p> <p>Loss Payee: _____ Added Covered Party: _____ Other Information: _____</p>
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