

**League Of Wisconsin Municipalities Mutual Insurance**

**Policy Number** 12345  
**Term** 12:01 a.m. 1/01/2011 to 1/01/2012

**Endorsement Form**

**Named Insured** Sample Policy  
123 Main Street  
Hometown WI 12345

**Agency Agent** Test  
Sample Policy  
123 Main Street  
Hometown WI 12345

**Loss Payable Endorsement**

This endorsement changes the policy, please read it carefully.

Name and address of Loss Payee:

Named Insured:

Loss, if any, shall be adjusted with the Named Insured and shall be payable to the Named Insured and the Loss Payee as their interests may appear.

Signed, Secretary : *Dan Thompson*