



AGENCY CUSTOMER ID: \_\_\_\_\_

# NORTH DAKOTA INSURANCE SUPPLEMENT

AGENCY		APPLICANT / NAMED INSURED	
POLICY NUMBER	EFFECTIVE DATE	CARRIER	NAIC CODE

## DEFENSE EXPENSES WITHIN THE LIMIT OF LIABILITY DISCLOSURE NOTICE

I acknowledge that the subject policy has limits of liability which may be reduced or completely eliminated by payments for legal defense costs and claims expenses.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date