
TOWING AND LABOR COVERAGE

You only have this coverage for *your car* if the coverage and a premium charge for that coverage are listed in the *declarations* for that *car*.

This Towing and Labor Coverage Endorsement forms part of policy number _____
This endorsement is attached to the *Declarations* sheet. The endorsement is effective as of the date and time of the *Declarations* sheet to which it is attached.

We will pay towing and labor costs incurred each time *your car* is disabled, up to the amount shown in the *Declarations* as applicable to that *car*. *We* will only pay for labor performed at the place of disablement. This coverage applies only to *your car* for which a premium charge and amount of coverage are shown in the *Declarations* for **Towing and Labor Coverage**.

This coverage is only available if *you* purchase **Other Than Collision** and **Collision Coverages**. If *you* delete either **Other Than Collision** or **Collision Coverage** or both, **Towing and Labor Coverage** will also be deleted.

This endorsement is part of *your* policy. It supercedes and controls anything to the contrary. It is otherwise subject to all other terms of the policy.