NAMED DRIVER ENDORSEMENT ACKNOWLEDGMENT

Named Insured: Hill Country Cloggers of Hoosic	ck NY Inc	
Policy Number:		
In consideration of the premium for which this insoperation of the automobile(s) insured hereunded cover shall attach in respect of loss or damage from the cover shall attach in respect of loss or damage from the cover shall attach in respect of loss or damage from the cover shall attach in respect of loss or damage from the cover shall attach in respect of loss or damage from the cover shall attach in respect of loss or damage from the cover shall attach in the cover shall attach	r is restricted to Thomas Poole / Ge	_
a) operating or		
b) being in charge of for the purpose of operatin	ng	
the said automobile(s).		
Drivers who are not listed can be submitted considered covered drivers unless a written decented the coverholder.	•	
By signing and dating below, the Named Insu Drivers Only are considered eligible drivers u		at Scheduled Named
Authorized Insured Signature	Title	Date
Print Name		