

# No Waiting Period Endorsement

This endorsement forms part of and is to be attached to Policy Number:

**Insured Name:**

**Effective Date:**

It is hereby understood and agreed that any waiting period stated in the above-mentioned policy is hereby waived. Coverage under this policy shall take effect immediately upon the policy effective date.

All other terms, conditions, and exclusions of the policy remain unchanged.

**Authorized Signature:**

**Date:**