

**Inland Marine  
LOSS PAYABLE CLAUSE**

ATTACHED TO AND FORMING PART OF POLICY #:

EFFECTIVE:

ISSUED TO:

Loss, if any, hereunder shall be adjusted with the Insured and payable to the Insured and:

**NAME OF LOSS PAYEE:**

**MAILING ADDRESS:**

as their respective interests may appear.

ITEM(S) COVERED:

DATE: \_\_\_\_\_

AGENT: \_\_\_\_\_