



INSURANCE BY MORE THAN ONE COMPANY

Refer to the Supplemental Declarations if information is not shown on this form.

For an additional premium, **we** provide coverage under this endorsement subject to the **terms** contained in the General Policy Provisions.

We and other insurers share the total amount of insurance covering **your premises**. **We** provide _____% of the total applicable insurance and **we** will pay this percentage of any covered loss but not more than the amount of insurance stated in the Declarations or on any endorsement made a part of this policy.

The amount of insurance, any special limit, or other limitation on the amount of insurance shown in this policy shall be the amount of all insurance. **We** shall pay no more than the lesser of **our** percentage share of the amount of insurance or **our** percentage share of the amount of the covered loss to **your** property.

The total amount of all insurance, including this policy, is:

COVERAGES

- A. **Residence**
- B. Related Private Structures on the Premises
- C. Personal Property
- D. Additional Living Expense and Loss of Rent Coverage
- E. Scheduled Farm Personal Property
- F. Farm Structures and **Additional Farm Dwellings**
- Additional Coverage (specify)

TOTAL AMOUNT OF INSURANCE

\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____
\$	_____

When not provided by **us**, the **Personal Liability** and **Medical Payments to Others** coverage is provided by

Policy No. _____ issued by _____
(company)

HOW MUCH WE PAY FOR LOSS OR CLAIM

Paragraph 4. **Insurance Under More Than One Policy** listed on form FL-20 (Ed. 1/92) and/or FL-7 (Ed. 1/92) does not apply to policies issued by another company under the **terms** of this endorsement.

Paragraph 2c. **Insurance Under More Than One Policy** listed on form FL-6W (Ed. 1/92) or FL-6 (Ed. 1/92) does not apply to policies issued by another company under the **terms** of this endorsement.