



INSURANCE BY MORE THAN ONE COMPANY

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

We provide coverage under this endorsement subject to the **terms** contained in the General Policy provisions.

The amount of insurance shown in the Declarations is _____% of the total of all contributing insurance. **Our** liability is limited to that percentage of any covered loss and shall not exceed the applicable amount of insurance shown in the Declarations.

Our insurance contributes to:

Coverages:

- ☐ A. Buildings
- ☐ B. **Business** Property
- ☐ C. Other (specify)
- ☐ _____
- ☐ _____
- ☐ _____

If more than one location is covered by this policy, please specify the locations at which this endorsement applies:

When not provided by **us**, liability insurance and Medical Payments coverage (when applicable) is provided by policy no. _____ issued by _____.