



AGREED AMOUNT

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

The coverage under this endorsement is subject to the **terms** contained in the General Policy Provisions.

Loc. <u>No.</u>	Bldg. <u>No.</u>	Building or <u>Business Prop</u>	<u>Description of loc.</u>	Agreed Value <u>of Property</u>
--------------------	---------------------	--	----------------------------	------------------------------------

Limit of Insurance: Coverage A \$ _____ Coverage B \$ _____

WHAT WE PAY FOR

We pay up to the limits of insurance shown above for covered loss to **your** covered building(s) or **business** property.

It is agreed that the application of the coinsurance clause is suspended and will not be considered in the settlement of covered losses occurring after the date of this endorsement and prior to _____ (expiration date of this endorsement).

WHAT WE DO NOT PAY FOR

If the expiration date set forth above is not extended by endorsement, the coinsurance clause will automatically be reinstated for the remainder of the policy term.

If this policy covers more than one building, these provisions apply separately to the property covered by each amount.

This provision does not apply to:

- any property not covered under Principal Coverages for Building or **Business** Property; and
- any other Building or **Business** Property that is limited or excluded from coverage; and
- to coverage applicable to extra expense, rents or earnings.