INFLATION GUARD

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.

This endorsement forms a part of the policy identified below:

Policy No. _____ .

Named Insured _____ .

HOW MUCH *WE* PAY FOR LOSS OR CLAIM

We will increase the Limit of Insurance _____ % at the end of each 3 (three) month period after the effective date.

This increase will apply to all Coverage A—Buildings:

Schedule

<u>Coverage A-Buildings</u>

Inflation Guard coverage DOES NOT APPLY to the following buildings: