



AMENDED LIMITS OF LIABILITY

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

For a rate credit, **we** provide coverage under this endorsement subject to the **terms** contained in the General Policy Provisions.

Policy No. _____

Named insured _____

The Liability Coverage and Limit of Liability shown on the Declarations, Supplemental Declarations or other attached endorsement is deleted and replaced as shown below.

WHAT WE PAY FOR

We pay for **bodily injury** and **property damage** caused by a covered **occurrence** subject to the following provisions:

Per **Occurrence** \$ _____ limit of liability.

Annual Aggregate \$ _____ limit of liability.

SPECIAL CONDITIONS

The annual aggregate limit of liability specifies the maximum amount **we** pay for **bodily injury** and **property damage** occurring within the effective dates of this endorsement; without regard to the number of **occurrences**, **insureds**, claims made or persons injured.