



LEAD COVERAGE

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

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

Policy No. _____

Named *Insured*: _____

WHAT WE PAY FOR

We pay for loss resulting directly from *bodily injury* caused by lead. The *bodily injury* must be caused by a condition of the *insured premises* and it is 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 that *we* pay for *bodily injury* occurring within the effective dates of this endorsement; without regard to the number of *occurrences*, *insureds*, claims made or persons injured.