



## RESIDENCE GLASS ENDORSEMENT

Refer to 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.

### WHAT WE PAY FOR

*We* are extending the coverage under *your* policy to include damage to glass or frames and for temporary repairs, if a premium is shown on the declarations of *your* policy or on schedules which are attached.

### SCHEDULE

<u>Number</u> of <u>Plates</u>	<u>Length</u> in <u>Inches</u>	<u>Width</u> in <u>Inches</u>	<u>Description of Glass</u>	<u>Premium</u>
			Total	\$ _____
			Unscheduled <i>Residence</i> Glass	\$ _____

### LIMITATIONS ON CERTAIN PROPERTY

When coverage is extended to include Unscheduled *Residence* Glass, the most *we* pay is \$50 for any one plate of Glass.