



INSURANCE BY MORE THAN ONE COMPANY

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

We provide coverage under this endorsement subject to the *terms* contained in the General Policy provisions.

The amount of insurance shown in the Declarations is _____% of the total of all contributing insurance. *Our* liability is limited to that percentage of any covered loss and shall not exceed the applicable amount of insurance shown in the Declarations.

Our insurance contributes to:

Coverages:

- A. Buildings
- B. *Business* Property
- C. Other (specify)
- _____
- _____
- _____

If more than one location is covered by this policy, please specify the locations at which this endorsement applies:

When not provided by *us*, liability insurance and Medical Payments coverage (when applicable) is provided by policy no. _____ issued by _____.