



**CONDOMINIUM UNIT OWNERS / COOPERATIVE APARTMENT
SHARED OWNERSHIP ENDORSEMENT
ADDITIONAL LOSS ASSESSMENT COVERAGE**

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.

The Loss Assessment Coverage under *your* policy has been increased to be: \$ _____. This is the total amount of Loss Assessment Coverage available under *your* policy.

All other *terms* and conditions remain unchanged.