

SELF INSURED RETENTION

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

This endorsement modifies *your* coverage and it is subject to the *terms* contained in the Liability coverage.

WHAT WE DO NOT PAY FOR

A self insured retention of \$______ applies when the *underlying insurance* is not applicable to the *occurrence* at issue and the *Business* Umbrella policy becomes the provider of primary insurance. The *Business* Umbrella policy will pay only the amount, up to the applicable limit of liability, in excess of the above self insured retention in any one *occurrence* of loss covered by the *Business* Umbrella policy. It is the *insured's* responsibility to absorb or otherwise compensate the amount of the self insured retention shown above and the *business* umbrella policy will respond only to that loss in excess of the *insured's* self insured retention. If *we* are called upon to compensate any claim or *suit* in full, *we* shall have rights against the *insured* to recover the full amount of the *insured's* self insured retention. Upon receipt of a notice of loss or claim, or any time thereafter, *we* may call on the *insured* to pay over and deposit with *us* all or any part of that self insured retention amount to be held and applied by *us* against such loss, claim or *suit*.

All other *terms* and conditions remain unchanged.

UMB-58 Ed. 9/03

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