



FULL GLASS ENDORSEMENT (New York)

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 *Business Automobile* Provisions.

AGREEMENT.

We the company agree with *you* as first named *insured*, in return for payment of the premium due, to provide *automobile* window glass coverage as shall be shown in this endorsement.

SCHEDULE Full Glass Coverage

Description of Vehicle	Collision	Comprehensive (Other than Collision)
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
5.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

WHAT WE PAY FOR.

When *you* have selected collision and/or comprehensive (other than collision), *we* will pay the full cost of replacement of window glass in the covered *business automobile* caused by a covered cause of loss. There is no deductible applicable to such covered window glass.

If only the collision coverage is purchased with full glass coverage as shown on the schedule, full glass coverage shall only be afforded to breakage of covered window glass resulting directly from the collision, upset or overturn of the covered *automobile*.