



INSURANCE BY MORE THAN ONE COMPANY

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.

We and other insurers share the total amount of insurance covering *your premises*. *We* provide _____% of the total applicable insurance and *we* will pay this percentage of any covered loss but not more than the amount of insurance stated in the Declarations or on any endorsement made a part of this policy.

The amount of insurance, any special limit, or other limitation on the amount of insurance shown in this policy shall be the amount of all insurance. *We* shall pay no more than the lesser of *our* percentage share of the amount of insurance or *our* percentage share of the amount of the covered loss to *your* property.

The total amount of all insurance, including this policy, is:

COVERAGES

- A. *Residence*
- B. Related Private Structures on the Premises
- C. Personal Property
- D. Additional Living Expense and Loss of Rent Coverage
- E. Scheduled Farm Personal Property
- F. Farm Structures and *Additional Farm Dwellings*
Additional Coverage (specify)

TOTAL AMOUNT OF INSURANCE

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

When not provided by *us*, the **Personal Liability** and **Medical Payments to Others** coverage is provided by
Policy No. _____ issued by _____

(company)

HOW MUCH *WE* PAY FOR LOSS OR CLAIM

Paragraph 4. **Insurance Under More Than One Policy** listed on form FL-20 (Ed. 1/92) and/or FL-7 (Ed. 1/92) does not apply to policies issued by another company under the *terms* of this endorsement.

Paragraph 2c. **Insurance Under More Than One Policy** listed on form FL-6W (Ed. 1/92) or FL-6 (Ed. 1/92) does not apply to policies issued by another company under the *terms* of this endorsement.