



DEDUCTIBLE LIABILITY COVERAGE

Refer to the Supplemental Declarations if information is not shown on this form.
The deductible under this endorsement is subject to the **terms** contained in the Liability coverage.

Policy No. _____.
Named Insured _____.

HOW MUCH *WE* PAY FOR LOSS OR CLAIM

We pay on behalf of the **insured** only the amount of covered damages in excess of the deductible amount shown below, subject to the applicable limit of liability.

SCHEDULE

COVERAGE L - <i>Bodily Injury</i> and/or <i>Property Damage</i>	Amount of Deductible \$ _____ per claim
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PER CLAIM BASIS-The Coverage L deductible applies to all covered damages on a per claim basis caused directly or indirectly by ***bodily injury*** and/or ***property damage*** from any single ***occurrence***.