



AGREED VALUE

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

SCHEDULE

Loc. No.	Bldg. No.	Cov. A—Bldg. or Cov. B— <i>Bus.</i> Prop.	Description of Property	Agreed Value of Property	Amount of Insurance
----------	-----------	---	-------------------------	--------------------------	---------------------

Expiration Date: _____

WHAT WE PAY FOR

We pay up to the Amount of Insurance shown in the Schedule for accidental direct physical loss or damage resulting from a covered loss.

When this endorsement is in effect, the Coinsurance provision in the General Policy Provisions of *your* policy is suspended and will not be considered in the settlement of covered losses. The Coinsurance suspension is valid from the commencement date of this endorsement through the expiration date.

WHAT WE DO NOT PAY FOR

This endorsement does not apply to any building or *business* property insured by *your* policy but not shown in the Schedule.

ADDITIONAL CONDITIONS

The following Additional Conditions apply to this policy form:

1. The Coinsurance provision will automatically be reinstated after the Expiration Date shown in the Schedule.
2. If the Amount of Insurance at the time of loss is less than the Agreed Value of Property, *we* will only pay a part of the loss. *Our* part of the loss will be determined by dividing the Amount of Insurance on the property by the Agreed Value of Property.

All other *terms* and conditions remain unchanged.