



## TRANSPORTATION

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.

Amount of Insurance: \$\_\_\_\_\_

### WHAT WE PAY FOR

We pay up to the Amount of Insurance shown above for accidental direct physical loss or damage resulting from a covered cause of loss to *your* covered *business* property when it leaves the *insured premises* and it is being transported in or on a vehicle owned, operated or leased by *you* or for *you*. Coverage for tools and equipment is limited to \$1,000. Transportation coverage applies only in the coverage territory of the United States.

### WHAT WE DO NOT PAY FOR

We do not pay for:

1. Loss or damage to *business* property of others when it is being transported in or on a vehicle owned, operated, or leased by *you* or a vehicle operated by a common or contract carrier on *your* behalf; or
2. Loss or damage to *your business* property if *you* are in *business* as a common or contract carrier.

This coverage is excess to any other valid and collectible insurance.

All other *terms* and conditions remain unchanged.