



LEASED PROPERTY FORM

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.

Policy no. _____.

Named Insured _____.

WHAT WE PAY FOR

We cover the described property against risk of direct physical loss by a cause of loss covered in this policy.

Description of Property	SCHEDULE Identification Number	Limit of Insurance
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DEDUCTIBLE

From each adjusted claim for loss or damage in a single *occurrence*, *we* will deduct \$ _____.

LOSS PAYABLE PROVISION

We will adjust any loss with *you*.

We will pay any loss to *you* and the payee (named below) as their interest may appear.

Name and Address:

Property covered by the Loss Payable Provision: