



BUSINESSOWNERS AGREED AMOUNT

Refer to the Supplemental Declarations if information is not shown on this form.

The coverage under this endorsement is subject to the *terms* contained in the General Policy Provisions.

Loc. No.	Bldg. No.	Building or <i>Business</i> Prop	Description of Location	Limit of Insurance
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WHAT WE PAY FOR

We agree to pay up to the limits of insurance shown above for *your* building or *business* property.