



GLASS COVERAGE

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.	No. of Plates	Length in Inches	Width in Inches	Description of Glass	Premium
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Deductible applicable to Glass Coverage: \$_____

WHAT WE PAY FOR

We pay for accidental direct physical loss or damage to building glass shown in the Schedule resulting from breakage or chemicals accidentally or maliciously applied. In addition, we pay up to \$250 for:

1. Repairing or replacing glass and frames immediately encased and contiguous to such glass;
2. Installing temporary plates in or boarding up openings containing such glass when necessary because of unavoidable delay in repairing or replacing damaged glass; and
3. Removing or replacing any obstructions, other than window displays, when necessary to replace the damaged glass, lettering or ornamentation of glass shown in the Schedule.

DEDUCTIBLE

The applicable deductible stated in the Declarations does not apply to the coverage provided by this form. The deductible shown in the Schedule is applicable to, and will be subtracted from the amount paid under Glass Coverage.

All other *terms* and conditions remain unchanged.