COMPARABLE VALUE HOMEOWNERS ENDORSEMENT

Refer to Supplemental Declarations if information is not shown on this form.
We provide coverage under this endorsement subject to the ***terms*** contained under **How Much *We* Pay For Loss Or Claim**.

SCHEDULE

Buildings covered by this endorsement (identify and describe):
1. _____
2. _____
3. _____
4. _____
5. _____

HOW MUCH *WE* PAY FOR LOSS OR CLAIM

We will pay the actual cost to repair the scheduled buildings without deduction for depreciation, using generally accepted repair practices and materials in current usage. The type of materials and methods of repair will be agreed to by ***you*** and ***us***. If ***you*** and ***we*** cannot agree or if ***you*** choose not to make repairs, ***we*** will pay the reasonable cost of repair less deduction for depreciation, however caused. The most ***we*** will pay is the amount of insurance shown on the Declarations.

When the cost of repairs exceeds $1,000, ***we*** are not liable for more than the actual cash value of the loss until actual repair or replacement is completed. ***You*** may make claim for the actual cash value amount of the loss before repairs are made. A claim for an additional amount payable under this provision must be made within 180 days after the loss.

WHAT *WE* DO NOT PAY FOR

We do not pay for loss or increased cost resulting from the enforcement of any code, ordinance or law regulating the use, construction, repair or demolition of a scheduled building. The loss is excluded regardless of any other causes or events that contribute to or aggravate the loss, either before the loss, during the loss or after the loss.
When breakage of glass is covered by this policy, ***we*** pay to replace damaged glass with safety glazing materials where required by code, ordinance or law.

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