CAPPED *MOLD REMEDIATION* ENDORSEMENT

Refer to Supplemental Declarations if information is not shown on this form.
The sub-limits under this capped endorsement are subject to the ***terms*** contained in General Policy Provisions.

WHAT *WE* PAY FOR

We pay reasonable and necessary ***mold remediation*** expenses resulting directly from covered damage to covered property caused by a covered cause of loss.
We pay:

1. the costs incurred by ***you*** for ***mold remediation*** of the Residence, Related Private Structures on Premises and/or Personal Property, as is covered by this policy. The maximum ***we*** pay is $20,000 and any additional amount shown in ***your*** policy as applicable to any such covered loss.
2. the costs incurred by ***you*** for ***temporary residential expenses*** necessitated by the ***mold remediation*** at the covered premises. The maximum ***we*** pay is 20% of the amount of insurance applicable to this endorsement. The deductible does not apply to ***your*** covered ***temporary residential expenses***.

WHAT *WE* DO NOT PAY FOR

We do not pay:

1. more than the amount actually and necessarily expended for the ***remediation*** of ***mold*** damage to the Residence, Related Private Structures on Premises and/or Personal Property as is covered by this policy.
2. for ***remediation*** of ***mold*** damage to the Residence, Related Private Structures on Premises and/or Personal Property nor do ***we*** pay ***temporary residential expenses***, except as shown in this endorsement.

ADDITIONAL DEFINITIONS

1. ***Mold*** means fungi classified as molds, mildews, smuts, yeasts and mushrooms including their fragments, metabolites, reproductive products, mycotoxins and other volatile organic compound discharges.
2. ***Remediation*** means the detection, treatment and elimination of ***molds*** including the removal and disposal of their residues necessary to restore the affected property to safe use.
3. ***Temporary residential expenses*** means the reasonable and necessary increase in expenses ***you*** incur to maintain the normal standard of living of ***your*** household if the covered premises are made unfit for occupancy by a covered ***mold*** loss. ***We*** pay for any net loss of rents actually sustained by ***you*** if the part of the covered premises rented to others is made unfit for occupancy by a covered ***mold*** loss. ***We*** pay only for the period of time reasonably required to make the covered premises fit for occupancy.

This endorsement does not apply to reasonable and necessary costs incurred by ***you*** for covered ***mold remediation*** resulting from fire or lightning losses to the Residence, Related Private Structures on Premises and/or Personal Property, as is covered by the policy. The full amount of insurance is available to adjust such covered fire and/or lightning losses.

This endorsement does not increase the amount of insurance applicable to the Residence, Related Private Structures on Premises and/or Personal Property as is covered by this policy.

ADDITIONAL *MOLD REMEDIATION* AMOUNTS OF INSURANCE

For an additional premium, ***we*** provide optional additional mold remediation amounts of insurance.

We pay up to $ _____, as an additional amount of insurance applicable to ***mold remediation*** as described in this endorsement.

All other terms and conditions remain unchanged.