EARTHQUAKE LOSS ASSESSMENT COVERAGE FOR HOMEOWNERS

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.

Amount of Insurance $ _____.
We pay, up to the amount of insurance shown above for ***your*** share of an assessment levied by ***your*** homeowners association charged against all the members of the association..
This endorsement applies only to assessments resulting from direct loss for earthquake to the association property owned in common by all association members.
All earthquake tremors occurring within a 72 hour period constitute a single ***occurrence***.

DEDUCTIBLE

Item 1. c. Deductible under **How Much *We* Pay for Loss or Claim** is replaced by the following:

Deductible- ***We*** pay only that part of ***your*** share of the assessment for each earthquake ***occurrence*** which is more than 5 percent of the amount of insurance stated above. This deductible amount shall not be less than $250 in any one ***occurrence***. No other deductible applies to this coverage.

ADDITIONAL EXCLUSION

We do not cover any assessment resulting from loss caused directly or indirectly by flood or tidal wave, whether caused by, resulting from, contributed to, or aggravated by earthquake.