INSURANCE BY MORE THAN ONE COMPANY

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

For an additional premium, ~~When~~ ***we*** provide coverage under this endorsement subject to the ***terms*** contained in the General Policy Provisions.

We and other insurers share the total amount of ~~companies write~~ insurance covering ***your premises***. ***We*** provide ~~the ***insured premises***, ***our*** limit of liability for the Property Coverages is~~ _____% of the total applicable~~limit of liability for all~~ insurance and ***we*** will ~~covering the same property. ***We***~~ pay this percentage of any covered loss ~~under Property Coverages caused by perils insured against~~ but not more than the amount~~limit~~ of insurance~~liability~~ stated in the Declarations or on any endorsement made a part of this policy. ~~.~~

The amount of insurance, any~~Any~~ special limit, or other limitation on the ~~or~~ amount of insurance shown in this policy shall be the amount~~limit~~ of ~~liability for~~ all insurance. ***We*** ~~insurance, and ***we***~~ shall pay no more than the lesser of ***our*** ~~above~~ percentage share of the amount of insurance ~~special limit~~ or ***our*** percentage share of the amount of the covered loss to ***your*** property.~~insurance.~~

~~***Insurance By More Than One Company*** is insurance written in ***your*** name by more than one company using the same type of policy and conditions, whether or not still in force at time of loss.~~

The total amount of ~~of the limits of liability for~~ all insurance, including this policy, is:

COVERAGES	**TOTAL AMOUNT OF INSURANCE**
~~Coverages~~	~~Total Limit of Liability~~
A. ***Residence***	$
B. Related Private Structures on the Premises	$
C. Personal Property	$
D. Additional Living Expense and Loss of Rent Coverage	$
E. Scheduled Farm Personal Property ~~(Scheduled)~~	$
~~F. Farm Personal Property (Blanket)~~	~~$~~
~~F. Farm Barns, Buildings,~~ Structures and ***Additional Farm Dwellings***	$
Additional Coverage (specify) _____	$

When not provided by ***us***, the Personal Liability and Medical Payments to Others coverage is~~s~~ are provided by Policy No. ~~issued by~~ _____ issued by _____ ~~.~~
(company)~~Company~~

HOW MUCH *WE* PAY FOR LOSS OR CLAIM

Paragraph 4. **Insurance**

Under **More Than One Policy** listed on form~~Form~~ FL-20 (Ed. 1/92) and/or FL-7 (Ed. 1/92) ~~Paragraph 6. Insurance Under More Than One Policy~~ does not apply to policies issued by another company under the ***terms*** of this endorsement.

~~Under Forms FL-6 and FL-7~~ Paragraph 2c. ~~(c).~~ Insurance Under More Than One Policy listed on form FL-6W (Ed. 1/92) or FL-6 (Ed. 1/92) does not apply to policies issued by another company under the ***terms*** of this endorsement.