RESIDENCE GLASS ENDORSEMENT

~~***AGREEMENT***~~

Refer to 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.

WHAT *WE* PAY FOR

We are extending the coverage under ***your*** policy to include damage to glass or frames and for temporary repairs, if a premium is shown on the declarations of ***your*** policy or on schedules which are attached.

SCHEDULE

Number of Plates	Length in Inches	Width in Inches	Description of Glass	Premium
		Total		$

Unscheduled ***Residence*** Glass $

LIMITATIONS ON CERTAIN PROPERTY

When coverage is extended to include Unscheduled ***Residence*** Glass, the ~~limit~~most ***we*** ~~cover~~pay is $50 for any one plate of Glass.