DEDUCTIBLE LIABILITY COVERAGE

Refer to the Supplemental Declarations if information is not shown on this form.
The deductible under this endorsement is subject to the ***terms*** contained in the ~~General~~ Liability ~~Coverage~~coverage.

Policy No. ~~_____~~ _____.
Named Insured ~~_____~~ _____.

HOW MUCH *WE* PAY FOR LOSS OR CLAIM

~~When Deductible Liability Coverage is a part of ***your*** policy, ***we*** will~~***We*** pay on behalf of the ***insured*** only ~~to~~ the amount of covered damages in excess of the deductible amount shown below, subject to the applicable limit of liability.

SCHEDULE

COVERAGE L -	Amount of Deductible
Bodily Injury and ~~_____~~	$ _____ ~~per claim~~
/or ***Property Damage***	$ ~~_____~~ _____ per ~~***occurrence***~~claim

~~**HOW THE DEDUCTIBLE AMOUNTS APPLY**~~
~~The deductible amounts stated in the schedule apply as follows:~~

_____

PER CLAIM BASIS ~~If the~~The Coverage L deductible ~~is on a "per claim" basis, the deductible amount~~ applies ~~under the ***Bodily Injury*** and ***Property Damage*** Coverage,~~ to all covered damages ~~because of~~ on a per claim basis caused directly or indirectly by ***bodily injury*** ~~sustained by one person,~~ and ~~to all~~/or ***property damage*** ~~sustained by one person or organization, as the result of~~from any ~~one~~single ***occurrence***.

~~**PER *OCCURRENCE* BASIS** If the deductible is on a "per ***occurrence***" basis, the deductible amount applies under the ***Bodily Injury*** and ***Property Damage*** Coverage, to all damages because of all ***bodily injury*** and ***property damage*** as the result of any one ***occurrence***.~~