EXCESS LIMITS OF LIABILITY

Refer to Supplementalthe Declarations if information is not shown on this form.
We provide coverage under thisThis endorsement is subject to the ***terms*** contained in the General Policy Provisions***your*** policy.
Policy Number: _____.
Named Insured: _____.

WHAT *WE* PAY FOR
When this endorsement is in effect, the total limits of liability shown below are applicable:

SCHEDULE

☐ ***Bodily injury*** and ***property damage*** limitsThe Coverage L per ***occurrence*** limit of liability is increased to a total of $ _____.
☐ The Coverage L aggregate limit of liability areis increased to a total of $ _____.
.
☐ Aggregate

HOW MUCH *WE* PAY FOR LOSS OR CLAIM

The limits (if any) are increased to a total of $ _____.

This endorsement is subject to the minimum premium chargeliabilty shown in the manual. Schedule are the maximum amounts ***we*** pay.

All other ***terms*** and conditions of ***your*** policy continueremain unchanged.

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