EXCESS LIMITS OF LIABILITY

Refer to ~~Supplemental~~the Declarations if information is not shown on this form.
~~***We*** provide coverage under this~~This endorsement is subject to the ***terms*** contained in ~~the General Policy Provisions~~***your*** policy.

~~Policy Number: _____.~~
~~***Named Insured***: _____.~~

SCHEDULE

☐ ~~***Bodily injury*** and/or ***property damage*** limits of liability are increased to a total of $ _____.~~
☐ The Coverage L aggregate limit of liability is increased to a total of $ _____.
☐ ~~Aggregate limits (if any) are increased to a total of $ _____.~~
☐ The Coverage L per ***occurrence*** limit of liability is increased to a total of $ _____.

HOW MUCH ~~WHAT~~ *WE* PAY FOR LOSS OR CLAIM

~~When this endorsement is in effect, the total~~The limits of ~~liability~~liabilty shown ~~below~~in the Schedule are ~~applicable:~~the maximum amounts ***we*** pay.

~~This endorsement is subject to the minimum premium charge shown in the manual.~~
All other ***terms*** and conditions ~~of ***your*** policy continue~~remain unchanged.

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