INFLATION GUARD

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

The amount of insurance for Coverages A, B, C and D will increase by _____ percent of the amount shown in the Declarations at the end of each three month period after the effective date.

This endorsement applies only to those locations specified on the Declarations or Supplemental Declarations or to those locations listed below.

Location 1 _____

_____

Location 2 _____

_____

Location 3 _____

_____