SCHEDULED GLASS

Refer to the 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.

We cover the glass described in this endorsement for loss caused by breakage or by damage from chemicals, including:
1. the resulting damage to the ~~frames~~sashes enclosing the glass;
2. making necessary, temporary installations because of such loss; and
3. removing and replacing obstructions because of such loss.

SCHEDULE

Number of Plates	**Length in Inches**	**Width in Inches**	**Description of glass, lettering and ornamentation; postion in building.** (The glass is plain flat glass with all edges set in ~~frames~~sashes, unless otherwise stated below.)	~~**Limit**~~**Amount of** ~~**Liability**~~ **Insurance** (if any)

The ***terms*** applicable to property coverages under **How Much *We* Pay for Loss or Claim** are replaced by the following with respect to this coverage.
In case of loss, ***we*** pay no more than the ~~smallest~~lesser of:
1. the actual cash value at time of loss;
2. the ~~limit~~amount of ~~liability~~insurance stated in this endorsement; or
3. the cost to repair damaged property or replace it with equivalent property, to the extent practicable. ~~(~~***We*** pay the cost to replace damaged glass with safety glazing material when required by ordinance or law~~)~~.