INSURANCE BY MORE THAN ONE COMPANY

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

The amount of insurance shown in the Declarations is _____% of the total of all contributing insurance. ***Our*** ~~liability~~portion is limited to that percentage of any covered loss and shall not exceed the applicable amount of insurance shown in the Declarations.

Our insurance contributes to:
~~**Coverages:**~~
☐ Coverage A~~. Buildings~~ Building
☐ Coverage B~~.~~ ***Business*** Property
☐ ~~C.~~ Other (specify)
☐ _____
☐ _____
☐ _____

If more than one location is covered by this policy, please specify the locations at which this endorsement applies:
_____
_____
_____

When not provided by ***us***, coverage for liability ~~insurance~~ and medical payments ~~coverage (~~, when applicable~~)~~, is provided by:
~~policy no.~~ Company: _____ ~~issued by~~ _____
_____
Policy Number: _____~~.~~

All other ***terms*** and conditions remain unchanged.

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