GLASS COVERAGE

Refer to the ~~Supplemental~~ Declarations if information is not shown on this form.
~~For an additional premium, *we* provide~~The coverage under this endorsement is subject to the ***terms*** contained in ~~the General Policy Provisions~~***your*** policy.

SCHEDULE

Loc No.	Bldg No.	No. of Plates	Length in Inches	Width in Inches	Description of Glass	Premium

WHAT *WE* PAY FOR

We pay for accidental direct physical loss or damage to ~~scheduled~~building glass ~~caused by~~shown in the Schedule resulting from breakage or ~~by~~ chemicals accidentally or maliciously applied~~ if that glass is included on the schedule listed below.~~
~~***We*** will~~. In addition, ***we*** pay up to $~~75~~250 for:

1~~)~~. Repairing or replacing glass and frames immediately encased and contiguous to such glass~~ when repair or replacement is necessary because of damage resulting from breakage or from chemicals accidentally or maliciously applied~~;
2~~)~~. Installing temporary plates in or boarding up openings containing such glass when necessary because of unavoidable delay in repairing or replacing damaged glass; and
3~~)~~. Removing or replacing any obstructions, other than window displays, when necessary to replace the damaged glass, lettering or ornamentation of glass ~~listed on~~shown in the Schedule~~ below~~.

~~**WHAT *WE* DO NOT PAY FOR**~~
~~loss caused by or resulting from fire.~~

~~***Deductible:***~~
~~***We*** will deduct $ _____ from the amount of any loss.~~

DEDUCTIBLE

The applicable deductible stated in the Declarations does not apply to the coverage provided by this form. A $100 deductible is applicable to, and will be subtracted from the amount paid under Glass Coverage.

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

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