BUILDING INFLATION ~~GUARD~~PROTECTION

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.~~
~~This endorsement forms a part of the~~***your*** policy ~~identified below:~~.

~~Policy No. _____.~~
~~***Named Insured*** _____.~~

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

~~***We*** will increase the Limit of Insurance _____% at the end of each 3 (three) month period after the effective date.~~

~~This increase will apply to all~~ **SCHEDULE**

Coverage A~~—~~ Buildings~~:~~

~~**Schedule**~~

~~**Coverage A Buildings**~~

~~—~~
~~—~~
~~—~~

~~Inflation Guard coverage DOES NOT APPLY to the following buildings:~~
~~—~~
~~—~~
~~—~~
~~—~~
~~—~~
~~—~~
~~—~~

Percentage: _____%

WHAT *WE* PAY FOR

At the end of each three months this policy is in effect, ***we*** will increase ***your*** amount of insurance for Coverage A-Building by the Percentage shown in the Schedule.

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

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