



## GLASS COVERAGE

Refer to the Declarations if information is not shown on this form.  
The coverage under this endorsement is subject to the *terms* contained in *your* policy.

### SCHEDULE

Loc No.	Bldg No.	No. of Plates	Length in Inches	Width in Inches	Description of Glass	Premium
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### WHAT WE PAY FOR

*We* pay for accidental direct physical loss or damage to building glass shown in the Schedule resulting from breakage or chemicals accidentally or maliciously applied. In addition, *we* pay up to \$250 for:

1. Repairing or replacing glass and frames immediately encased and contiguous to such glass;
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 shown in the Schedule.

### 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.