

KASAMBAHAY COVERAGE

Attached to and forming part of

HOME EXCEL PLUS Policy No. _____
(This endorsement is only applicable when an amount of insurance and a corresponding additional premium are stated in the schedule.)

In consideration of **your** payment of additional premium as indicated in the **schedule**, **we** agree to pay for the loss of and damage to the clothing and other personal belongings of your Kasambahay or resident employee caused by any of the insured perils under the Home Excel Plus.

What is covered	What is not covered
<p>We will pay for:</p> <ol style="list-style-type: none"> loss or damage to the clothing and other personal belongings of your Kasambahay or resident employee caused by any of the insured perils medical expenses incurred as a direct result of an accidental bodily injury to your Kasambahay 	<p>We will not pay for:</p> <ol style="list-style-type: none"> claims in excess of limit stated in the policy schedule loss or damage to precious stones, precious metals, jewelry, watches, furs, curios and works of art damage to traveling trunks, suitcases, bags and other receptacles other than total loss loss or damage to deeds, bonds, bills of exchange, promissory notes, checks, money, medals, coins, stamps or other documents of value loss or damage to contact lenses loss or damage to motor vehicles loss or damage to plants, standing crops, or livestock loss or damage to sports or camping equipment or clothing, other than total loss loss or damage to property while in transit as unaccompanied baggage slipped under a bill of lading, parcel, receipt, waybill or similar document any amount recoverable from any mandatory health or medical insurance such as PhilHealth, etc.

Condition that Applies to this **Endorsement**

The aggregate amount of claim that **you** may recover under this **endorsement** shall not exceed the limits stated in the policy **schedule** during the entire insurance period.

Except as varied in the **endorsement**, all other terms and conditions of the policy remain unaltered.

Signed this ____ day of _____, _____ in Pasig City, Philippines.

 (Insured)

COMMITTED. COMPASSIONATE. GENUINE.

COCOGEN INSURANCE, INC.

22F One Corporate Center, Doña Julia Vargas Avenue, corner Meralco Avenue, Ortigas Center, Pasig City 1600 Philippines

Tel. No.: (632) 8-811-1788 | Client Services: (632) 8-830-6000

E-mail: client_services@cocogen.com | Website: www.cocogen.com