



UCPB GEN



ADDITIONAL LIMITS ENDORSEMENT

Attached to and forming part of

CONDO EXCEL PROTECT Policy No. _____

Period of Cover: From: _____ To: _____ 4:00 P.M.

It is hereby declared and agreed that in consideration of the additional premium You paid or agreed to pay to Us, as stated herein, for the period of cover indicated on this endorsement, the Sum Insured under the Policy is increased to as follows:

SCHEDULE

Interest and Sum Insured	Condominium Unit	Php _____ first loss limit any one occurrence & annual aggregate
	Condominium Unit Improvement	Php _____ first loss limit any one occurrence & annual aggregate
	Household Contents	Php _____ first loss limit any one occurrence & annual aggregate
	Groceries &/or Foodstuff	Php _____ first loss limit any one occurrence & annual aggregate
	Fixed Glass Accidental Damage	Php _____ first loss limit any one occurrence & annual aggregate
	Parking Slot	Php _____ first loss limit any one occurrence & annual aggregate
	Works of Art, Paintings and Antiques	Php _____ first loss limit any one occurrence & annual aggregate
	Special Loss Assessment	Php _____ first loss limit any one occurrence & annual aggregate
	Emergency Expense, Alternative Accommodation &/or Rental Income	Php _____ per month or Php _____ annual aggregate first loss limits any one occurrence with 6-month Indemnity Period
	Personal General Liability	Php _____ per occurrence & annual aggregate
	Family Personal Accident	<p>Schedule of Benefits</p> <ol style="list-style-type: none">1. Php _____ as Capital Sum and for Accidental Death & Permanent Total Disablement2. % shown in the Table of Compensation for Permanent Partial Disablement3. Php _____ for Unprovoked Murder & Assault4. Php _____ for Accidental Medical Expenses5. Php _____ Accidental Burial Expenses



At UCPB GEN, every day starts with

UCPB General Insurance Company, Inc.

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

Tel. No.: (632) 811-1788 • Customer Service Center: (632) 830-6000

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		Insured Persons and Limits per person as % of Capital Sum Schedule of Benefits Principal Insured: 100% Spouse: 50% Children/Parents: 25% (maximum sum of Php _____ annual aggregate) Unless otherwise specified in the Schedule, the Principal Insured shall mean the insured Male Spouse
	Kasambahay Cover	Php _____ per occurrence and annual aggregate in respect of Material Damage Php _____ as Capital Sum in respect of Personal Accident
	Home Assistance Services	Php _____ per occurrence & annual aggregate
	Debris Removal	Php _____ per occurrence & annual aggregate
	Fire Fighting Expenses	Php _____ per occurrence & annual aggregate
	Fire Brigade Charges	Php _____ per occurrence & annual aggregate
	Professional Fees	Php _____ per occurrence & annual aggregate
	Temporary Removal	Php _____ per occurrence & annual aggregate

In view of the above, You, the Policyholder, are charged the additional premium including the corresponding taxes, as follows:

Additional Premium:	Php _____
Local Government Tax:	Php _____
Fire Service Tax:	Php _____
Documentary Stamps Tax:	Php _____
Value Added Tax:	Php _____
Others	Php _____
Total:	Php _____

Except as varied above all other terms and conditions remain unaltered.

IN WITNESS WHEREOF, We, UCPB General Insurance Company, Inc. have caused this Endorsement to be signed by Our duly authorized representative this _____ day of _____, ____ in _____, Philippines.

UCPB GENERAL INSURANCE COMPANY, INC.
T.I.N. 000 432 798

Authorized Signatory