

**EMERGENCY EXPENSE AND ALTERNATIVE ACCOMMODATION
AND/OR RENTAL INCOME ENDORSEMENT**

Attached to and forming part of

CONDO EXCEL PLUS 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 in this Endorsement, the coverage under the Material Damage section of the policy, shall include Emergency Expense and Alternative Accommodation and/or Rental Income, subject to the following terms and conditions:

SCHEDULE

Sum Insured	Maximum of Php 15,000 per month and annual aggregate of Php 90,000
Indemnity Period	6 months from date of accident
Deductible	5 days from date of accident

INSURING CONDITIONS

We agree with You, subject always to the limit of liability, deductible, terms, provisions and conditions under this policy, that if at any time during the period of insurance the covered Condominium Unit is rendered uninhabitable by an Insured Peril under Section 1 – Material Damage of this policy, and You require temporary alternative accommodations, We will pay for the actual costs of:

A. Emergency Expenses

- a) seeking and transferring to a temporary alternative accommodation
- b) immediate need for food, clothing, and other basic necessities
- c) return trip to the covered Condominium Unit

B. Alternative Accommodation

Rent of a temporary alternative accommodations comparable to the covered Condominium Unit.

C. Loss of Rental Income

In the event You are the Condominium Unit Owner, earning Rent at the time of accident, from the resident/tenant of the Condominium Unit, loss of the rental income.

It is understood that if You are not the resident of the Condominium Unit, We shall not pay any cost of Emergency Expenses or Alternative Accommodations.

Our liability shall be for the shortest period required to repair, or replace the Condominium Unit with due diligence and dispatch and will cease:

- a) when the maximum liability of the Company under this Endorsement as indicated in the Schedule is exceeded, or
- b) after the maximum period indicated in the Schedule.

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

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, Cocogen Insurance, Inc. have caused this Endorsement to be signed by Our duly authorized representative this _____ day of _____, _____ in _____, Philippines.

COCOGEN INSURANCE, INC.

T.I.N. 000 432 798



Atty. Darren M. de Jesus

President