

FIXED GLASS ACCIDENTAL DAMAGE ENDORSEMENT

Attached to and forming part of

PROBIZ 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, Fixed Glass Accidental Damage is included in the Material Damage section of the policy, subject to the following terms and conditions:

Fixed Glass Accidental Damage

If any of the glass installed and/or forming part of the building described in the policy including any writing or ornamentation thereon, shall, during any Period of Insurance, be broken by fracture extending through its entire thickness as the result of any sudden and accidental means not hereunder excepted, We shall;

- a. Replace the broken glass with glass of similar quality or at its option pay to You the value of the glass broken at the price in accordance with the Basis of Indemnity indicated in the Schedule at the date of breakage less the value of any salvage.
- b. Pay the reasonable cost of any necessary temporary boarding up pending replacement of the broken glass.

Provided that Our liability shall not exceed the sum insured indicated in the Schedule.

This policy shall not cover:

1. Breakage occasioned by or traceable to:
 - a. Construction of or structural alterations to the premises;
 - b. Alterations to or removal of any of the glass;
 - c. Settlement or expansion or contraction of the glass or frames or fittings due to climate conditions.
2. Claim in respect of:
 - a. Damage to window frames or other fittings;
 - b. The cost of removal and/or reinstatement of window fittings and other obstructions to replacement;
 - c. Glass which at the commencement of the insurance thereon is broken or damaged and subsequently replaced.
3. Destruction or damage directly occasioned by pressure waves caused by aircraft or other devices traveling at sonic or supersonic speeds.
4. The Deductible or the first amount of each and every claim which is Php 10,000 each and every claim.

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.

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 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