

**UCPB GEN****SPECIAL LOSS ASSESSMENT 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 in this endorsement, the Material Damage section of the Policy, shall include Special Assessment, subject to the following terms and conditions:

SCHEDULE

Sum Insured

Php 200,000 per occurrence and annual aggregate

Deductible

Php 5,000 each and every loss

INSURING CONDITIONS

We agree to indemnify You, subject to the limit of liability, deductible, terms, provisions and conditions under this policy for payment of Your share of special assessments, based on the ownership of the premises hereby insured, levied against You as a condominium owner, by the association of all unit owners, in accordance with the governing rules of the condominium, when such assessment is made necessary by a direct loss to the Condominium Building Elements collectively owned by the unit owners, caused by perils insured against under this Policy

The maximum liability of the Company under this Endorsement shall exceed the amount stated in the Schedule.

This coverage applies only when the Insured's share of the Special Assessment for such loss or damage exceeds the Deductible, and then only for the amount of such excess.

Notwithstanding what is stated elsewhere in the policy, You are required to inform Us as soon as possible, but not more than 30 days of your receipt of notice from the condominium association official or its designated representative of a potential claim hereunder.

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



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 1600Tel. No.: (632) 811-1788 • Customer Service Center: (632) 830-6000
E-mail: customer_service@ucpbgen.com • Website: www.ucpbgen.com