

**UCPB GEN****FIXED GLASS ACCIDENTAL DAMAGE 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 property insured under the Material Damage Section of the Policy, shall include Fixed Glass Accidental Damage, subject to the following terms and conditions:

SCHEDULE

Interest	Fixed glass
Sum Insured	Php 20,000 first loss limit per occurrence and annual aggregate
Basis of Indemnity	Replacement Value

INSURING CONDITIONS

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.

In addition to the Exclusions stated in the Policy, this Endorsement 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 as indicated in the Schedule.



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

E-mail: customer_service@ucpbgen.com • Website: www.ucpbgen.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, 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