



AVEMCO
Insurance Company

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE (Standard Time)					INSURED	AGENCY AND CODE
	MO.	DAY	YR.	12:01 A.M.	NOON		

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COINSURANCE PROVISION

We will pay the “**Loss**” in excess of any retention up to the Limits of Liability, provided it being a condition of this Policy that a percentage portion of each and every “**Loss**” shall be carried by **you** at your own risk and this percentage shall be uninsured.

The coinsurance percentage of “**Loss**” payable by the “**Insured**” is %.

Such coinsurance percentage shall not reduce the **Insurer’s** Limit of Liability.

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED

AUTHORIZED REPRESENTATIVE

DATE