



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		

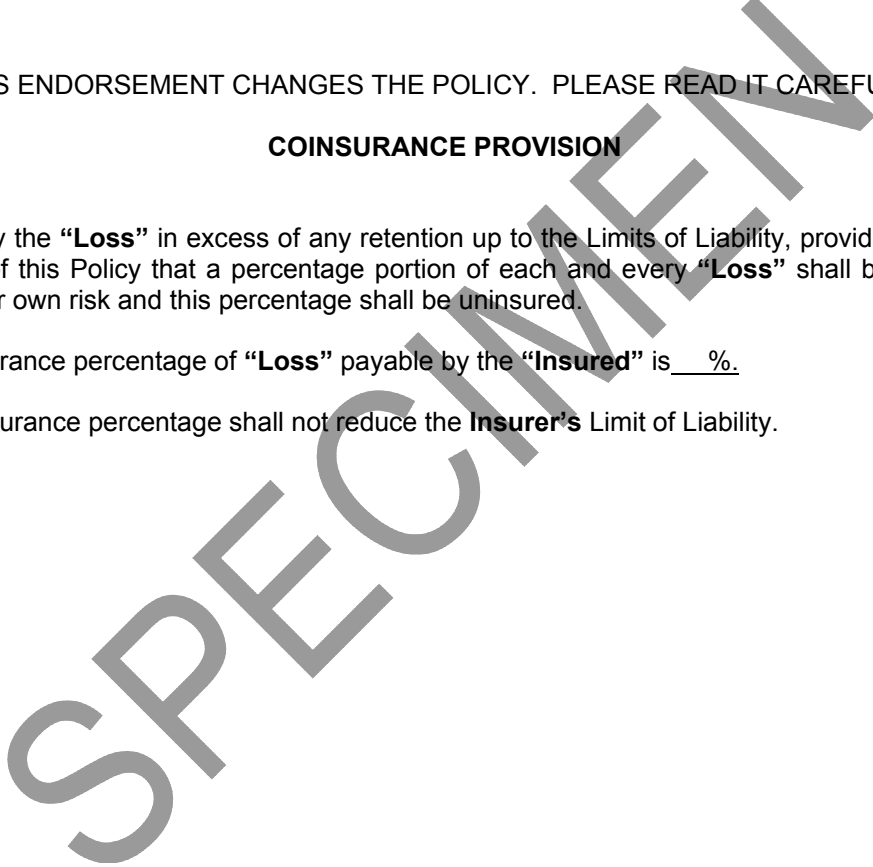
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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