

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COINDEMNITY

This endorsement modifies insurance provided under the following:

- COMMERCIAL CRIME COVERAGE FORM
- COMMERCIAL CRIME POLICY
- EMPLOYEE THEFT AND FORGERY POLICY
- GOVERNMENT CRIME COVERAGE FORM
- GOVERNMENT CRIME POLICY

SAMPLE

A. Schedule*

1.	Insuring Agreement _____ Limit Of Insurance \$ _____ Amount Underwritten	Name Of Underwriting Company a. _____ (Controlling Company) by: b. _____ by: c. _____ by:
2.	Insuring Agreement _____ Limit Of Insurance \$ _____ Amount Underwritten	Name Of Underwriting Company a. _____ (Controlling Company) by: b. _____ by: c. _____ by:
3.	Insuring Agreement _____ Limit Of Insurance \$ _____ Amount Underwritten	Name Of Underwriting Company a. _____ (Controlling Company) by: b. _____ by: c. _____ by:
<small>* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations</small>		

B. Provisions

1. Company means all the companies shown in the Schedule.
2. Each company will pay not more than the proportion of any loss that the amount underwritten by it for the Insuring Agreement as shown in the Schedule, bears to the Limit of Insurance shown in the Declarations.
3. Unless any company requests otherwise:
 - a. Premiums will be paid directly to the Controlling Company for the account of all companies.
 - b. The giving of notice of loss and the filing of proof of loss with the Controlling Company will be considered in compliance with the terms of this insurance for the giving of notice of loss and the filing of proof of loss if given and filed in accordance with the terms of this insurance.
 - c. Notice of cancellation by you, in accordance with the terms of this insurance, to the Controlling Company will cancel the liability of all companies shown in the Schedule.
4. The Controlling Company may, in accordance with the terms of this insurance, give notice that cancels coverage for the entire Insuring Agreement or, as respects the Employee Theft Insuring Agreement the coverage on any "employee".

This notice will cancel the liability of all companies shown in the Schedule for either the Insuring Agreement or the "employee".
5. Any company other than the Controlling Company may give notice, in accordance with the terms of this insurance, that cancels:
 - a. Its liability for any Insuring Agreement; or

- b. As respects the Employee Theft Insuring Agreement the coverage on any "employee".

Any such cancellation will not terminate or otherwise affect the liability of the other companies.

6. You may cancel the amount underwritten by any company, other than the Controlling Company by:
 - a. Giving notice of the cancellation to the company; and
 - b. Sending a copy of that notice to the Controlling Company.
7. If the coverage under this insurance is cancelled or terminated:
 - a. For one or more companies, then that company or companies will not pay for any loss under this insurance unless the loss is discovered during the period of time provided in the Extended Period To Discover Loss Condition of the Coverage Form/Policy.
 - b. No company will pay for a greater proportion of any return premium due, than the amount underwritten by that company bears to the Limit of Insurance shown in the Declarations.
 - c. As to any company, that company alone will pay any return premium due on account of the cancellation or termination of coverage.