

EXCESS LIMIT OF LIABILITY & DROP DOWN CLAUSE

Excess Limit of Liability

This policy is for \_\_\_\_\_ part of \_\_\_\_\_ any one loss or occurrence and in the annual aggregate each as respects the perils of flood and earthquake (if insured hereunder) excess of any one loss or occurrence and in the annual aggregate each as respects the primary coverage with respect to each and every loss occurrence caused by or resulting from the perils insured against under this policy on property insured hereunder. There shall be liability under this policy only when the amount of an insured loss arising from one occurrence exceeds \_\_\_\_\_ excess of any deductible provisions in the primary coverage, and then the liability under this policy shall be only its pro rata share of such insured loss excess of the above described primary coverage.

Drop Down Clause

It is agreed and understood that in the event of reduction or exhaustion of the underlying aggregate limit or limits by perils and property insured hereunder, this policy shall apply in excess of the reduced underlying limit, or if such limit is exhausted, shall apply as underlying insurance, subject to terms and conditions contained herein, notwithstanding anything to the contrary in the terms and conditions of this policy.

In no event, however, shall this company be liable for more than the limits of liability specified in the excess clause.

It is a condition of this policy that the policy(ies) of the primary and underlying excess insurers shall be maintained in full effect during the currency of this policy except for any reduction or exhaustion of the aggregate limits contained therein solely by losses during the policy.

This endorsement supersedes any other Excess Drop Down Clause contained in the Manuscript Form attached hereto.

NSM 1029

ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.

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| Attached to and forming a part of policy number | issued by: _____, North Shore Management  |
| issued to:                                      |  |
| effective date:                                 | BY: _____<br>AUTHORIZED REPRESENTATIVE  |