

## FOLLOW FORM UNDERLYING LIMITATION ENDORSEMENT

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period to	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**This endorsement modifies all insurance provided under the following:**

**COMMERCIAL UMBRELLA LIABILITY POLICY**

The insurance coverage provided by this policy will not be broader than the insurance coverage provided by the "underlying insurance"; and any exclusions, restrictions or limiting terms and conditions applicable to this policy will supersede any broader coverage, terms and conditions provided by the applicable "underlying insurance".

SPECIMEN