

ENDORSEMENT

Attached to Policy No. \_\_\_\_\_



Issued By  
**CHICAGO TITLE INSURANCE COMPANY**

The following policies are issued in conjunction with one another:

Policy Number: FILL IN  
County: FILL IN  
State: FILL IN  
Amount: \$

Policy Number: FILL IN 2  
County: FILL IN 2  
State: FILL IN 2  
Amount: \$

Notwithstanding the provisions of Section 8(a)(i) of the Conditions of this policy, the Amount of Insurance available to cover the Company's liability for loss or damage under this policy at the time of payment of loss hereunder shall be the aggregate of the Amount of Insurance under this policy and the other policies identified above. At no time shall the Amount of Insurance under this policy and the other policies identified above exceed in the aggregate \$333.00. Subject to the provisions of Section 10(a) of the Conditions of the policies, all payments made by the Company under this policy or any of the other policies identified above, except the payments made for costs, attorneys' fees, and expenses, shall reduce the aggregate Amount of Insurance by the amount of the payment.

This endorsement is issued as part of the policy. Except as it expressly states, it does not (i) modify any of the terms and provisions of the policy, (ii) modify any prior endorsements, (iii) extend the Date of Policy, or (iv) increase the Amount of Insurance. To the extent a provision of the policy or a previous endorsement is inconsistent with an express provision of this endorsement, this endorsement controls. Otherwise, this endorsement is subject to all of the terms and provisions of the policy and of any prior endorsements.

Dated:

CHICAGO TITLE INSURANCE COMPANY



By: *[Signature]*

President

ATTEST  
*[Signature]*

Secretary

Countersigned: \_\_\_\_\_  
Authorized Signatory