



## OTHER RESIDENCE COVERAGE

Refer to the Supplemental Declarations if information is not shown on this form.

For an additional premium, **we** provide coverage under this endorsement subject to the **terms** contained in the General Policy Provisions.

The premises at the location described in this endorsement are **insured premises** as defined and limited in the Definitions of this policy.

This insurance applies only to the premises described in this endorsement or in the Declarations under Other Residence Coverage. The amount of insurance at this location for each property coverage shall not be more than the amount stated for such coverage.

Location of Premises				
<b>Coverage</b>	<b>A Residence</b>	<b>B Related Private Structures on the Premises</b>	<b>C Personal Property</b>	<b>D Additional Expense &amp; Loss of Rent Coverage</b>
Amount of Insurance \$		\$	\$	\$
Deductible: \$ _____ Causes of Loss except (state amount) Theft _____ Wind _____ Hail _____. Deductible Endorsement(s) _____.				
Mortgagee or Secured Party.				
Other Endorsements that apply only to this location.				
Form: ML-1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 5 <input type="checkbox"/> , or 8 <input type="checkbox"/> Number of Families: 1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/>				
Owner Occupied: Yes <input type="checkbox"/> No <input type="checkbox"/> Year of Construction _____ Replacement Cost <input type="checkbox"/> ACV <input type="checkbox"/>				
Townhouse: Families within Fire Division: 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-over <input type="checkbox"/>				
Mobile Home: _____ With _____ Enclosed Foundation: Manufacturer _____ Serial or Model # _____; Length _____, Width _____ Cost New \$ _____				
Construction: <input type="checkbox"/> Frame; <input type="checkbox"/> Brick, Stone, or Masonry Veneer; <input type="checkbox"/> Brick, Stone or Masonry; <input type="checkbox"/> Stucco; <input type="checkbox"/> Aluminum, Plastic or Steel Siding over Frame; <input type="checkbox"/> Fire Resistive; <input type="checkbox"/> Modular Home rated as Frame; <input type="checkbox"/> Specifically Rated; <input type="checkbox"/> Approved Roof; <input type="checkbox"/> Unapproved Roof				
Tenant <input type="checkbox"/> Number of Apartments 1-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-40 <input type="checkbox"/> Over 40 <input type="checkbox"/>				
Condominium Unit-Owner <input type="checkbox"/> Self Rating Yes <input type="checkbox"/> No <input type="checkbox"/> Annual Fire & EC Rate _____				
Distance to: Fire Hydrant _____ Feet. Fire Dept. _____ Miles. Fire Dist. or Town _____				
Fire Protection: <input type="checkbox"/> Protected, <input type="checkbox"/> Semi-Protected, <input type="checkbox"/> Unprotected, <input type="checkbox"/> Other _____				
Premium Group: _____ County/Subcounty _____ Deductible Type: <input type="checkbox"/> Flat <input type="checkbox"/> Disappearing				
Terr. _____ Liability Coverage Section: <input type="checkbox"/> ML-9, <input type="checkbox"/> ML-10				
(a) no <b>business*</b> activities are conducted on the described premises; (b) the <b>insured</b> has no full time <b>domestic employee(s)</b> ; (c) the <b>insured</b> has no outboard motor(s) or watercraft otherwise excluded under this policy for which coverage is desired. Exception; if any, to (a), (b), or (c)**.				
* <b>Business</b> includes farming **Absence of an entry means no exception				
Special State Provisions: New York Coinsurance Clause Applies: Yes _____; No _____.				