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

<table>
<thead>
<tr>
<th>Coverage</th>
<th>A Residence</th>
<th>B Related Private Structures on the Premises</th>
<th>C Personal Property</th>
<th>D Additional Expense &amp; Loss of Rent Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Insurance</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Deductible: $ Causes of Loss except (state amount) Theft Wind Hail Deductible Endorsement(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mortgagee or Secured Party.

Other Endorsements that apply only to this location.

Form: ML-1, 2, 3, 5, or 8 Number of Families: 1, 2, 3, 4
Owner Occupied: Yes No Year of Construction Replacement Cost ACV
Townhouse: Families within Fire Division: 1-2 3-4 5-8 9-over

Manufactured Home: Serial or Model # Length Width Cost New $ Construction: Frame; Brick, Stone, or Masonry Veneer; Brick, Stone or Masonry; Stucco; Aluminum, Plastic or Steel Siding over Frame; Fire Resistive; Modular Home rated as Frame; Specifically Rated; Approved Roof; Unapproved Roof
Tenant Number of Apartments 1-4 5-10 11-40 Over 40 Condominium Unit-Owner Self Rating Yes No Annual Fire & EC Rate

Distance to: Fire Hydrant Feet. Fire Dept. Miles. Fire Dist. or Town
Fire Protection: Protected, Semi-Protected, Unprotected, Other
Premium Group: County
Zone Liability Coverage Section: (Form)

(a) no business* activities are conducted on the described premises; (b) the insured has no full time domestic employee(s); (c) the insured 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)**.

*Business includes farming **Absence of an entry means no exception

Special State Provisions: Coinsurance Clause Applies: Yes No