ADDITIONAL INTEREST

Refer to the Supplemental Declarations if information is not shown on this form.
The coverage under this endorsement is subject to the ***terms*** contained in ***your*** policy.

SCHEDULE

Name and address of Additional Interest: _____

_____

Reason for Additional Interest: _____

_____

Location of ***Insured Premises***: _____

_____

ADDITIONAL CONDITION

The Additional Interest shown in the Schedule will be notified if ***we*** choose to cancel or nonrenew this policy.

All other ***terms*** and conditions remain unchanged.

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