ASSISTED LIVING CARE FACILITY RESIDENT COVERAGE
(For Family Members Who Reside In Assisted Living Care Facilities)

Refer to 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.

WHAT *WE* PAY FOR

The definition of ***Insured*** is amended to include the person(s) named in the Schedule below who does not live with ***you*** but who is related to the ***insured*** by blood, marriage or adoption, and who regularly resides in an ***assisted living care facility*** named in the Schedule below. ***We*** will provide limited personal property, and limited personal liability coverage in the amounts specified for the ***insured*** named below. None of these coverages are applicable for the ***insured*** named below outside the ***assisted living care facility*** named below. This coverage is excess over any other valid and collectible insurance.

Coverage C – Personal Property and Coverage L- Personal Liability is amended to include the person(s) named below in the schedule. It is agreed the person(s) named below in the schedule are related to the ***insured*** by blood, marriage, adoption and is not a member of ***your*** household but regularly resides in an ***assisted living care facility*** as defined below. ***You*** agree that ***you*** represent the person(s) listed in the Schedule for all matters relating to this endorsement.

Coverage C – Personal Property
We cover the personal property of the person(s) listed below in the schedule and used by such person(s) for loss by a cause of loss insured against covered under Coverage C of the policy. The maximum amount of insurance applicable to this coverage is 10 percent of Coverage C as set forth in the Declarations, and this endorsement does not increase the applicable amount of insurance under Coverage C.

Coverage L-Personal Liability
We cover personal liability of the person(s) listed below in the schedule. ***We*** pay, up to the limit of liability set forth in the Declarations, all sums for which the ***insured*** named in the schedule below is legally liable because of ***bodily injury*** or ***property damage*** caused by an ***occurrence*** to which this coverage applies.
We will defend (with counsel of ***our*** own choice) any suit seeking covered damages, provided the suit resulted from ***bodily injury*** or ***property damage*** not excluded under this coverage, even if any of the allegations of the ***suit*** are groundless, false or fraudulent, provided the ***suit*** originates from ***bodily injury*** and/or ***property damage*** not otherwise excluded. ***We*** may make any investigation and settle any claim or suit that ***we*** decide is appropriate. ***We*** are not obligated to provide a defense after ***we*** have paid, either by judgment or settlement, an amount equal to ***our*** limit of liability.

All Coverage C and Coverage L policy exclusions apply to this endorsement.

ADDITIONAL DEFINITIONS:

Assisted Living Care Facility means a residential facility that provides assisted living services to include dining, housekeeping, medical care, therapy and social activities.

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

SCHEDULE

Name of person residing in the Assisted Living Care Facility	Name of the Assisted Living Care Facility

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