OTHER LOCATIONS

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 Locations Coverage. ***Our*** limit of liability at this location for each property coverage shall not be more than the amount stated for such coverage.
Location of Premises: _____acres in the _____ of Section or Civil District _____
Township _____ Range _____ about _____ (Dist.) miles _____ (Dir.) from _____ (Nearest Town) and situated on
_____ (N.E.S.W.) side of road leading from _____ ;County of _____ State of _____.

Coverages	Limit of Liability	Premium
A. ***Residence***	$	Endorsement Premium $
C. Personal Property	$	
D. Additional Living Expense & Loss of Rent Coverage	$	
E. Scheduled Farm Personal Property	$ Total Limits	
F. Farm Barns, Buildings and Structures	$ Total Limits	

Deductible: $ _____ All Perils except (state amount) Theft _____Wind _____ Hail _____.
Deductible Type: ☐ Flat ☐ Disappearing; Deductible Endorsement(s) _____.

Mortgagee or Secured Party.

Other Endorsements that apply only to this location.

FORM: ML-1 ☐, ML-1R ☐, 2 ☐, 3 ☐, 8 ☐ Number of Families: 1 ☐, 2 ☐, 3 ☐, 4 ☐
Owner Occupied: Yes ☐ No ☐ Year of Construction _____ ML-1: Replacement Cost ☐ ACV ☐

Mobile Home: _____ With _____ Enclosed Foundation: Manufacturer _____
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

Distance to: Fire Hydrant _____ Feet. Fire Dept. _____ Miles. Fire Dist. or Town _____
Fire Protection: ☐ Protected, ☐ Partially Protected, ☐ Unprotected, ☐ Other _____
Premium Group: _____ County/Subcounty _____ Terr. _____.

(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; (d) ***residence*** is not seasonal. Exception. if any, to (a), (b), (c), or (d),**

*Other than farming **Absence of an entry means "no exception"

Special State Provisions: New York Coinsurance Clause Applies: Yes _____; No _____.