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. 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: _____acres in the _____ Township _____miles from _____ and situated on _____ side of _____road; County of _____ State of _____.

Coverages	Amount of Insurance	Premium
A. ***Residence***	$	Endorsement Premium $
B. Scheduled Private Structures	$	
C. Personal Property	$	
D. Additional Expense & Loss of Rent Coverage	$	
E. Scheduled Farm Personal Property	$ Total Limits	
F. Farm Barns, Buildings and Structures	$ Total Limits	
G. Unsched Farm Personal Property	$	

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 ☐, ML-1R ☐, 2 ☐, 3 ☐, 5 ☐, 8 ☐ Number of Families: 1 ☐, 2 ☐, 3 ☐, 4 ☐
Owner Occupied: Yes ☐ No ☐ Year of Construction _____ Replacement Cost ☐ ACV ☐

Manufactured 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, ☐ Semi Protected, ☐ Unprotected, ☐ Other _____
Premium Group _____ County _____ Zone _____.

(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: Coinsurance Clause Applies: Yes _____; No _____.

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