POLICYHOLDER DISCLOSURE NOTICE

(Lead Exclusion in Residences Used for *Business*)

Your current policy includes an important coverage change. Please review this important notice and retain it with ***your*** insurance policy.

This disclosure notice is not a contract of insurance. It is intended to provide information on form ML-59 (3/96), which is now a part of ***your*** policy. It is recommended that ***you*** review ***your*** policy carefully to determine ***your*** duties, rights and obligations. This information is intended to assist ***you*** in the review of ***your*** prior and current policy. If there are conflicts between this Disclosure Notice and ***your*** policy, the provisions of the policy shall prevail.

The addition of form ML-59 (3/96), results in the exclusion of loss resulting directly or indirectly from ***bodily injury*** caused by the ingestion or inhalation of lead or lead residues arising from the ***insured*** building or elsewhere on the ***insured premises***. Please note that this exclusionary form is applicable only to those areas of the ***residence*** used or held for ***business*** pursuits and that it is not applicable to those areas used in whole or in part by the ***insured*** for residential purposes. Additionally, it is not applicable to residences newly constructed after 1980 or those that have undergone total lead abatement or that have been tested and are certified as being lead free.