OTHER RESIDENCE COVERAGE

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 Residence 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

Coverage	**A Residence**	**B Related Private Structures on the Premises**	**C Personal Property**	**D Additional Living Expense & Loss of Rent Coverage**
Limit of Liability	$	$	$	$

Deductible: $ _____ All Perils except (state amount) Theft _____ Wind _____ Hail _____.
Deductible Endorsement(s) _____.

Mortgagee or Secured Party.

Other Endorsements that apply only to this location.

Form: ML-1☐, 2☐ 3☐, 8☐ Number of Families: 1☐, 2☐, 3☐, 4☐
Owner Occupied: Yes ☐ No ☐ Year of Construction _____ ML-1: Replacement Cost ☐ ACV ☐
Townhouse: Families within Fire Division: 1-2 ☐ 3-4 ☐ 5-8 ☐ 9-over ☐

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; ☐ Approved Roof; ☐ Unapproved Roof

Tenant ☐ Number of Apartments 1-4 ☐ 5-10 ☐ 11-40 ☐ Over 40 ☐
Condominium Unit-Owner ☐ Self Rating Yes ☐ No ☐ Annual Fire & EC Rate _____

Distance to: Fire Hydrant _____ Feet. Fire Dept. _____ Miles. Fire Dist. or Town _____
Fire Protection: ☐ Protected, ☐ Partially Protected, ☐ Unprotected, ☐Other _____
Premium Group: _____ County/Subcounty _____ Deductible Type: ☐ Flat ☐ Disappearing
Terr. _____ Liability Coverage Section: ☐ ML-9, ☐ ML-10

(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. Exception; if any, to (a), (b), or (c)**.

**Business* includes farming **Absence of an entry means no exception

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