SECONDARY/SEASONAL HOMEOWNERS COVERAGE LIMITATION ENDORSEMENT

Refer to the Supplemental Declarations if information is not shown on this form.

This endorsement is subject to the ***terms*** contained in ***your*** policy.

ADDITIONAL EXCLUSIONS

The exclusions applicable to the Personal Liability and Medical Payments coverages of ***your*** policy are supplemented at the location listed below with the following additional exclusions:

1. The Personal Liability and Medical Payments coverages of ***your*** policy apply only to claims occurring on the ***insured premises*** at the location listed below.
2. Under the Coverage C – Personal Property Section of ***your*** policy, the "While Away From The Insured Premises" coverage is deleted and coverage is not applicable to claims presented under ***your*** policy when the loss does not occur on the ***insured premises*** at the location listed below.

Location: _____

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

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