AMENDATORY ENDORSEMENT
PRINCIPAL COVERAGES

Refer to Supplemental Declarations if information is not shown on this form.
~~***We***~~For an additional premium, ***we*** provide coverage under this endorsement subject to the ***terms*** contained in the General Policy Provisions.

Coverage B-Related Private Structures on the Premises-is deleted and replaced by the following:

Coverage B-Related Private Structures on the Premises.

This policy covers related private structures on the ***insured premises*** which are not attached to ***your residence***. (Structures connected to the ***residence*** by only a fence, utility line or similar connection are considered to be related private structures).

This coverage includes fences, driveways, sidewalks, and other permanently installed outdoor yard fixtures.

Coverage B does not cover:

1. structures designed or used for ***business***; (However, this exclusion does not apply to structures rented, held for rental or otherwise used solely for private~~, non-commercial~~ garage purposes).
2. outdoor antennas (including satellite systems), their lead-in wiring, accessories, masts and towers, except as provided under Incidental Coverages~~.~~; and
3. trees, plants, shrubs and lawns~~, except as provided under Incidental Coverages~~.
~~4. land, including the land on which the property is located. This includes costs of excavating, removing, grading or filling land, or water in or on that land.~~
~~5. pools, piers, wharves, docks, underground pipes, flues, conduits and drains, and retaining walls that are not part of the building.~~

Coverage D-Additional Living Expense ~~or~~& Loss of Rents Coverage-is deleted and replaced by the following:

Coverage D-Additional Living Expense ~~or~~ and Loss of Rent Coverage.

Under Coverage D ***we*** pay:

1. the reasonable and necessary increase in living expenses ***you*** incur to maintain the normal standard of living of ***your*** household if the portion of the ***insured premises*** containing ***your*** household is made unfit for occupancy by a covered loss. ***We*** pay only for the period of time reasonably required to make the ***insured premises*** fit for occupancy or to settle ***your*** household in new quarters, whichever is less. This period of time is not limited by the policy period~~;~~ ~~or~~.
2. the fair rental value of that part of the ***insured premises*** that ***you*** rent, or hold for rental, to others if damage by a covered cause of loss makes that part unfit for its normal use. ***We*** pay only for the period of time reasonably required to make the ***insured premises*** fit for occupancy. Loss of rents covers only those expenses which necessarily continue during the repairs and it does not include any loss or expense due to cancellation of any lease or rental agreement. This period of time is not limited by the policy period.

This Change Applies To Form FL-1R ONLY

Optional causes of loss-Extended Coverage~~—~~-The following causes of loss, 3 through ~~9~~7, are subject to an additional premium charge and apply only if a premium for Extended Coverage is shown on the Declarations Page, is deleted and replaced by the following:

Extended Coverage-The following causes of loss, 3 through ~~9~~7, are included in the basic premium charge.

LEAD EXCLUSION

WHAT *WE* DO NOT PAY FOR

The following exclusion is added to the **EXCLUSIONS** shown in the General Liability Coverage:
We do not pay for loss resulting directly or indirectly from ***bodily injury***:

1. resulting from inhalation or ingestion of dust, chips or other residues of lead or lead based materials adorning the interior or exterior of the covered building(s);
2. resulting from ingestion of leaded leachate from plumbing systems comprising part of the ***insured premises***; or
3. resulting from ingestion of lead or residues of lead from the soil comprising a part of the ***insured premises***.