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~~ The amount of ~~liability~~insurance 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~~Amount of Insurance	$	$	$	$

Deductible: $ _____ ~~All Perils~~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☐, 2☐~~-~~, 3☐, ~~-~~5☐, or 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~~ Semi-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 ____.	