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. The amount of 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 Expense & Loss of Rent Coverage
Amount of Insurance	~~$~~ $ _____	~~$~~ $ _____	~~$~~ $ _____	~~$~~ $ _____

Deductible: $ _____ 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 _____ Replacement Cost☐ ACV☐
Townhouse: Families within Fire Division: 1-2☐ 3-4☐ 5-8☐ 9-over☐

~~Mobile~~Manufactured Home: _____ ~~With~~ Width _____
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, ☐ Semi-Protected, ☐ Unprotected, ☐Other _____
Premium Group: _____ County~~/Subcounty~~ _____ ~~Deductible Type: ☐ Flat ☐ Disappearing~~
~~Terr.~~Zone _____ Liability Coverage Section: ~~☐ ML-9, ☐ ML-10~~
_____ (Form)

(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)**.

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_____

_____

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

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

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