ADDITIONAL LOCATIONS

Refer to the ~~Supplemental~~ Declarations if information is not shown on this form.
~~For an additional premium, we provide~~The coverage under this endorsement is subject to the ***terms*** contained in ~~the General~~***your*** policy.
Policy ~~Provisions.~~
~~This endorsement forms part of the policy shown below.~~

~~Policy No.~~Number _____ ***Insured*** _____

Loc.	Bldg.	Prot.	~~Const.~~Construction Year/Type	Occupancy	Situated	Zip Code
		Located	feet from hydrant,	Miles from		Fire Dept.
		Located	feet from hydrant,	Miles from		Fire Dept.
		Located	feet from hydrant,	Miles from		Fire Dept.

Property Coverage	Coinsurance Percentage Applicable	Deductible	~~Limit~~Amount of Insurance					
			Loc. No.	Bldg. No.	Loc. No.	Bldg. No.	Loc. No.	Bldg. No.
Cov. A–Building(s)			$		$		$	
Cov. B-***Business*** Property			$		$		$	

~~Add'l Cov.~~Additional Coverage (Specify)

Subject to following forms and endorsements	

Total Prepaid Premium $ Total Annual Premium $
N.Y ~~State~~.S. Fire Ins. Fee N.Y ~~State~~.S. Fire Ins. Fee

$ $

Loc.	Bldg.	Prot.	~~Const.~~Construction Year/Type	Occupancy	Situated	Zip Code
		Located	feet from hydrant,	Miles from		Fire Dept.
		Located	feet from hydrant,	Miles from		Fire Dept.
		Located	feet from hydrant,	Miles from		Fire Dept.

Property Coverage	Coinsurance Percentage Applicable	Deductible	~~Limit~~Amount of Insurance					
			Loc. No.	Bldg. No.	Loc. No.	Bldg. No.	Loc. No.	Bldg. No.
Cov. A–Building(s)			$		$		$	
Cov. B-***Business*** Property			$		$		$	

~~Add'l Cov.~~Additional Coverage (Specify)

Subject	

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to following forms and endorsements	

Total ~~Annual~~Prepaid Premium $

N.Y. ~~State~~.S. Fire Ins. Fee $

Total Annual Premium $

N.Y. ~~State~~.S. Fire Ins. Fee $

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