



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 of liability 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	\$ _____	\$ _____	\$ _____	\$ _____
Deductible: \$ _____ All Perils except (state amount) Theft _____ Wind _____ Hail _____. Deductible Endorsement(s) _____.				
Mortgagee or Secured Party.				
Other Endorsements that apply only to this location.				
Form: ML-1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 8 <input type="checkbox"/> Number of Families: 1 <input type="checkbox"/> , 2 <input type="checkbox"/> , 3 <input type="checkbox"/> , 4 <input type="checkbox"/>				
Owner Occupied: Yes <input type="checkbox"/> No <input type="checkbox"/> Year of Construction _____ ML-1: Replacement Cost <input type="checkbox"/> ACV <input type="checkbox"/>				
Townhouse: Families within Fire Division: 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5-8 <input type="checkbox"/> 9-over <input type="checkbox"/>				
Mobile Home: _____ With _____ Enclosed Foundation: Manufacturer _____ Serial or Model # _____; Length _____, Width _____ Cost New \$ _____ Construction: <input type="checkbox"/> Frame; <input type="checkbox"/> Brick, Stone, or Masonry Veneer; <input type="checkbox"/> Brick, Stone or Masonry; <input type="checkbox"/> Stucco; <input type="checkbox"/> Aluminum, Plastic or Steel Siding over Frame; <input type="checkbox"/> Fire Resistive; <input type="checkbox"/> Modular Home rated as Frame; <input type="checkbox"/> Specifically Rated; <input type="checkbox"/> Approved Roof; <input type="checkbox"/> Unapproved Roof				
Tenant <input type="checkbox"/> Number of Apartments 1-4 <input type="checkbox"/> 5-10 <input type="checkbox"/> 11-40 <input type="checkbox"/> Over 40 <input type="checkbox"/>				
Condominium Unit-Owner <input type="checkbox"/> Self Rating Yes <input type="checkbox"/> No <input type="checkbox"/> Annual Fire & EC Rate _____				
Distance to: Fire Hydrant _____ Feet. Fire Dept. _____ Miles. Fire Dist. or Town _____ Fire Protection: <input type="checkbox"/> Protected, <input type="checkbox"/> Partially Protected, <input type="checkbox"/> Unprotected, <input type="checkbox"/> Other _____ Premium Group: _____ County/Subcounty _____ Deductible Type: <input type="checkbox"/> Flat <input type="checkbox"/> Disappearing Terr. _____ Liability Coverage Section: <input type="checkbox"/> ML-9, <input type="checkbox"/> ML-10				
(a) no <i>business</i> * activities are conducted on the described premises; (b) the <i>insured</i> has no full time <i>domestic employee(s)</i> ; (c) the <i>insured</i> 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)**.				
* <i>Business</i> includes farming **Absence of an entry means no exception				
Special State Provisions: New York Coinsurance Clause Applies: Yes _____ ; No _____.				