



ADDITIONAL DWELLINGS

Refer to Supplemental Declarations if information is not shown on this form.

The dwellings at the locations described in this endorsement are **insured premises** as defined and limited in the Definitions of this policy.

The amount of insurance at these locations for each property coverage shall not be more than the limit stated for such coverage. This insurance is subject to all **terms** of this policy.

Dwelling No. _____ Located _____

| Property Coverages | Amount of Insurance | Causes of Loss | Premium |
|---|---------------------|--|---------|
| A. Residence | \$ | Residence Coverages | \$ |
| B. Related Private Structures on the Premises | | <input type="checkbox"/> Form FL-1 Ed | |
| On _____ | \$ | <input type="checkbox"/> Including Extended Cov. | |
| On _____ | \$ | <input type="checkbox"/> Including Vandalism | |
| C. Personal Property | \$ | <input type="checkbox"/> Form FL-2 Ed. | |
| D. Additional Living Expense and Loss of Rent | \$ | <input type="checkbox"/> Form FL-3 Ed. | |
| | | <input type="checkbox"/> Form FL-5 Ed. | |

RATING INFORMATION

Other Endorsements that apply only to this location:

Owner Occupied ☐ Yes ☐ No; Year of Construction: _____ Number of Families: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Dwelling Construction: ☐ Frame; ☐ Brick, Stone Masonry; ☐ Other _____

Mobile Home: ☐ With ☐ Without Permanent Foundation; Manufacturer _____

Serial or Model No. _____; Length _____, Width _____; Cost New \$ _____

Distance to Fire Hydrant _____ Feet; Fire Dept. _____ Miles. Fire Dist. or Town: _____

Fire Protection: ☐ Protected; ☐ Partially Protected; ☐ Unprotected; ☐ Other _____

Dwelling No. _____ Located _____

| Property Coverages | Amount of Insurance | Causes of Loss | Premium |
|---|---------------------|--|---------|
| A. Residence | \$ | Residence Coverages | \$ |
| B. Related Private Structures on the Premises | | <input type="checkbox"/> Form FL-1 Ed | |
| On _____ | \$ | <input type="checkbox"/> Including Extended Cov. | |
| On _____ | \$ | <input type="checkbox"/> Including Vandalism | |
| C. Personal Property | \$ | <input type="checkbox"/> Form FL-2 Ed. | |
| D. Additional Living Expense and Loss of Rent | \$ | <input type="checkbox"/> Form FL-3 Ed. | |
| | | <input type="checkbox"/> Form FL-5 Ed. | |

RATING INFORMATION

Other Endorsements that apply only to this location:

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Serial or Model No. _____; Length _____, Width _____; Cost New \$ _____

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Fire Protection: ☐ Protected; ☐ Partially Protected; ☐ Unprotected; ☐ Other _____