



ADDITIONAL PREMISES ENDORSEMENT

(LIABILITY COVERAGE SECTION ONLY)

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

The coverage under this endorsement is subject to the **terms** contained in the General Policy Provisions.

Under Coverage L-Personal Liability and Coverage M-Medical Payments to Others, Additional Premises listed in this endorsement are included in the definition of **insured premises**.

Additional Premises No. _____ Known as _____			
Located on the _____ side of _____ Road about _____ miles N.S.E.W			
from Town _____ County _____			
Acres	Farm Buildings	No. of Dwellings	Interest of Insured
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant

Additional Premises No. _____ Known as _____			
Located on the _____ side of _____ Road about _____ miles N.S.E.W			
from Town _____ County _____			
Acres	Farm Buildings	No. of Dwellings	Interest of Insured
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant

Additional Premises No. _____ Known as _____			
Located on the _____ side of _____ Road about _____ miles N.S.E.W			
from Town _____ County _____			
Acres	Farm Buildings	No. of Dwellings	Interest of Insured
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Owner <input type="checkbox"/> Tenant