



## **ADDITIONAL INTEREST**

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 *your* policy.

### **SCHEDULE**

Name and address of Additional Interest: \_\_\_\_\_

Reason for Additional Interest: \_\_\_\_\_

Location of *Insured Premises*: \_\_\_\_\_

### **ADDITIONAL CONDITION**

The Additional Interest shown in the Schedule will be notified if *we* choose to cancel or nonrenew this policy.

All other *terms* and conditions remain unchanged.