



Policyholder Disclosure Notice

Commercial Lines Lead Exclusion

Your current policy includes an important coverage change. Please review this important notice and retain it with ***your*** insurance policy.

This disclosure notice is not a contract of insurance. It is intended to provide information on form LS-59 (11/92), which is now a part of this policy. It is recommended that ***you*** review ***your*** policy carefully to determine ***your*** duties, rights and obligations. This information is intended to assist ***you*** in the review of ***your*** prior and current policy. If there are conflicts between this Disclosure Notice and ***your*** policy, the provisions of the policy shall prevail.

The addition of form LS-59 (11/92), results in the exclusion of loss resulting directly or indirectly from ***bodily injury*** caused by lead poisoning:

1. resulting from the inhalation or ingestion of dust, chips or other residue of lead or lead based materials adorning the interior or exterior of the covered building(s);
2. resulting from leaded leachate from plumbing systems comprising part of the ***insured premises***; or
3. resulting from the ingestion of lead or residues of lead from the soil comprising a part of the ***insured premises***.