ADDITIONAL LOCATIONS

Refer to the Declarations if information is not shown on this form.
The coverage under this endorsement is subject to the *terms* contained in *your* policy.

Policy Number _____   *Insured* _____

Loc.	Bldg.	Prot.	Construction Year/Type	Occupancy	Situated	Zip Code
		Located	feet from hydrant,	Miles from		Fire Dept.
		Located	feet from hydrant,	Miles from		Fire Dept.
		Located	feet from hydrant,	Miles from		Fire Dept.

Property Coverage		Coinsurance Percentage Applicable	Deductible	Amount of Insurance					
				Loc. No.	Bldg. No.	Loc. No.	Bldg. No.	Loc. No.	Bldg. No.
Cov. A-Building(s)				$		$		$	
Cov. B-*Business* Property				$		$		$	

Additional Coverage (Specify)

Subject to following forms and endorsements	

Total Prepaid Premium $ Total Annual Premium $
  N.Y.S. Fire Ins. Fee $ N.Y.S. Fire Ins. Fee $

Loc.	Bldg.	Prot.	Construction Year/Type	Occupancy	Situated	Zip Code
		Located	feet from hydrant,	Miles from		Fire Dept.
		Located	feet from hydrant,	Miles from		Fire Dept.
		Located	feet from hydrant,	Miles from		Fire Dept.

Property Coverage		Coinsurance Percentage Applicable	Deductible	Amount of Insurance					
				Loc. No.	Bldg. No.	Loc. No.	Bldg. No.	Loc. No.	Bldg. No.
Cov. A-Building(s)				$		$		$	
Cov. B-*Business* Property				$		$		$	

Additional Coverage (Specify)

Subject to following forms and endorsements	

Total Prepaid Premium $ Total Annual Premium $
  N.Y.S. Fire Ins. Fee $ N.Y.S. Fire Ins. Fee $