



## 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.