



ADDITIONAL LOCATIONS

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

For an additional premium, we provide coverage under this endorsement subject to the terms contained in the General Policy Provisions.

This endorsement forms part of the policy shown below.

Policy No. _____ Insured _____

Loc.	Bldg.	Prot.	Const.	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	Limit of Insurance			
				Loc. No.	Bldg. No.	Loc. No.	Bldg. No.
Cov. A- Building(s)				\$		\$	\$
Cov. B-Business Property				\$		\$	\$
Add'l Cov. (Specify)							
Subject to following forms and endorsements							

Total Prepaid Premium \$
N.Y State Fire Fee \$

Total Annual Premium \$
N.Y State Fire Fee \$

Loc.	Bldg.	Prot.	Const.	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	Limit of Insurance			
				Loc. No.	Bldg. No.	Loc. No.	Bldg. No.
Cov. A- Building(s)				\$		\$	\$
Cov. B-Business Property				\$		\$	\$
Add'l Cov. (Specify)							
Subject to following forms and endorsements							

Total Annual Premium \$
N.Y State Fire Fee \$

Total Annual Premium \$
N.Y State Fire Fee \$