

## **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.	e. Bldg. Prot.		Const. Occupancy		Situated					Zip Code	
		Located			from hydrant,		liles from				Fire Dept.
		Located	feet from hydrant,			Miles from					Fire Dept.
		Located		feet	from hydrant,	N.	liles from				Fire Dept.
Property Coverage		Coinsurance Percentage		Deductible	Limit of Insurance						
					Loc. No.	Bldg. No.	Loc. No.	Bldg. No.	Loc. No.	Bldg. No.	
		Applica	ıble								
Cov. A- Building(s)					\$		\$		\$		
Cov. B-Business					\$		\$		\$		
Property											
Add'l	Cov. (Sp	ecify)									
to foll	oject lowing										
	is and										
	ements	D . 0						T 1 A	1 D		
Total Prepaid Premium \$ N.Y. State Fire Fee \$				Total Annual Premium \$							
N	. 1 . State	rire ree \$	N.Y State Fire Fee \$								

Loc.	Bldg.	Prot.	Const.	Occupancy	Situated					Zip Code
		Located	fe	eet from hydrant,	Miles from					Fire Dept.
		Located	fe	eet from hydrant,	N	liles from				Fire Dept.
		Located	fe	eet from hydrant,	N	liles from				Fire Dept.
Property Coverage			Coinsurance			•				
			Percentage	e Deductible	Loc. No.	Bldg. No.	Loc. No.	Bldg. No.	Loc. No.	Bldg. No.
			Applicable	,		_				
Cov. A- Building(s)					\$		\$		\$	
Cov. B-Business					\$		\$		\$	
Property										
Add'l Cov. (Specify)										
	` -									

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

Subject to following forms and endorsements

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

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