

COVERAGE FOR RESIDENT OF ASSISTED LIVING FACILITY

(Entries required to complete the Schedule will be shown below or on the "declarations".)

Schedule

1. Name Of Relative(s):

Name And Location Of Facility:

Coverage C Limit: \$

Coverage L Limit: \$

2. Name Of Relative(s):

Name And Location Of Facility:

Coverage C Limit: \$

Coverage L Limit: \$

This policy is amended to include the following "terms". All other "terms" of the policy apply, except as amended by this endorsement.

AGREEMENT

Subject to the "terms" of this endorsement, "we" provide the described insurance coverages for the person named in the Schedule above during the policy period.

"You" and "we" agree that the coverage this endorsement provides is provided in reliance upon "your" statements that:

1. the person named in the Schedule:
 - a. is related to an "insured" by blood, marriage, or adoption;
 - b. regularly resides in the facility named in the Schedule; and

c. is not a member of "your" household; and

2. the facility named in the Schedule provides assisted living services such as dining, housekeeping, medical supervision, social activities, and therapy.

"You" and "we" also agree that "you" are the representative of the person named in the Schedule and will act for that person in all matters related to the coverage provided by this endorsement.

All "terms" in this policy that apply to "you" also apply to the person named in the Schedule, other than "terms" pertaining to Coverage A, Coverage B, and Coverage M.

PROPERTY COVERAGES

PRINCIPAL PROPERTY COVERAGES

The Principal Property Coverages are amended as follows, but only with respect to the coverage provided for the person named in the Schedule above.

1. Coverage A and Coverage B are deleted.
2. Item a. under Coverage C -- Personal Property is deleted and replaced by the following:
 - a. "We" cover personal property owned or used by a person named in the Schedule above for loss caused by a Peril Insured Against described under Coverage C.
3. The following is added to item c., Limitations On Certain Property, under Coverage C -- Personal Property:
 - 9) \$100 for all contact lenses.
 - 10) \$500 for all false teeth or dentures.
 - 11) \$250 for all walking aids and devices, including but not limited to walkers and canes.
 - 12) \$250 for each hearing aid or other similar audio enhancement device.
 - 13) \$100 for each pair of eyeglasses.
 - 14) \$500 for each medical alert device.
 - 15) \$500 for each wheelchair.

However, the statement that the "limit" for each class is the total "limit" per occurrence for all items in that class does not apply with respect to 12) through 15) above.

4. The following is added to item d., Personal Property Not Covered, under Coverage C -- Personal Property:
 - 13) property regularly located away from the facility named in the Schedule above;
 - 14) property owned by an "insured"; or

15) property owned by the facility and rented to or used by the person named in the Schedule above.

5. Item e. under Coverage C -- Personal Property is deleted and replaced by the following:
 - e. Subject to the limitations described in c. under Coverage C -- Personal Property, the most "we" pay per occurrence for loss to property owned or used by the person named in the Schedule above is the Coverage C "limit" shown in the Schedule above. This applies regardless of the number of persons residing in the same living quarters in the facility named in the Schedule.
6. Item a. under Coverage D -- Additional Living Costs And Loss Of Rent is deleted and replaced by the following:
 - a. If a Peril Insured Against described under Coverage C:
 - a) makes that part of the facility occupied by the person named in the Schedule above unfit for use; or
 - b) results in suspension or termination of the operations of the facility named in the Schedule above;

"we" pay for the necessary increase in living costs the person named in the Schedule incurs to maintain his or her normal standard of living.

The most "we" pay per occurrence for such increase in living costs is \$500 per month. Payment is made until such time as the facility named in the Schedule is fit for use or, if the person named in the Schedule permanently relocates, until relocation takes place, but in either case will not exceed 12 consecutive months. This applies regardless of the number of persons residing in the same living quarters in the facility named in the Schedule. This period of time is not limited by the policy period.

7. Item b. under Coverage D -- Additional Living Costs And Loss Of Rent is deleted.
8. Item c. under Coverage D -- Additional Living Costs And Loss Of Rent is deleted and replaced by the following:
 - c. If a premises neighboring the facility named in the Schedule above is directly damaged by a Peril Insured Against described under Coverage C and, as a result, a civil authority prohibits use of the facility, "we" pay for the necessary increase in living costs the person named in the Schedule above incurs to maintain his or her normal standard of living.

The most "we" pay for such increase in living costs is \$50 per day, not to exceed two weeks. This period of time is not limited by the policy period.

9. Item e. under Coverage D -- Additional Living Costs And Loss Of Rent is deleted and replaced by the following:
 - e. The coverages described in a. and c. under Coverage D -- Additional Living Costs And Loss Of Rent provide additional insurance.

LIABILITY COVERAGES

PRINCIPAL LIABILITY COVERAGES

With respect to the coverage provided for the person named in the Schedule above, Coverage M is deleted.

EXCLUSIONS THAT APPLY TO LIABILITY COVERAGES

Additional Exclusions that Apply Only To Coverage L

The following exclusions are added, but only with respect to the coverage provided for the person named in the Schedule above:

Coverage L does not apply to:

- a. liability assumed by a facility named in the Schedule above prior to an "occurrence"; or
- b. "bodily injury" to a care facility professional or support staff that occurs while such staff is attending to the person named in the Schedule above, whether or not such staff is on duty at the time the "bodily injury" occurs.

HOW MUCH WE PAY FOR LOSS OR OCCURRENCE

1. The following is added to Deductible under Property Coverages, but only with respect to the coverage provided for the person named in the Schedule above:

The deductible that applies to the policy to which this endorsement is attached also applies to loss covered under this endorsement.

However, if personal property covered under this endorsement and personal property covered under the policy to which this endorsement is attached is lost or damaged as the result of one occurrence, the deductible will apply only once to the total of all such loss.

2. Coverage L -- Personal Liability is deleted and replaced by the following, but only with respect to the coverage provided for the person named in the Schedule above:

Coverage L -- Personal Liability -- The "limit" shown in the Schedule above for Coverage L is the most "we" pay for loss for each "occurrence". This applies regardless of the number of:

- a. persons insured under this endorsement;
- b. parties who sustain injury or damage;

- c. claims made or suits brought; or
- d. policy periods involved.

All "bodily injury" and "property damage" arising out of any one accident or out of repeated exposures to similar conditions will be considered one "occurrence".

- 3. Insurance Under More Than One Policy is deleted and replaced by the following, but only with respect to the coverage provided for the person named in the Schedule above:

Insurance Under More Than One Policy --
This insurance is excess over other valid and collectible insurance that applies to the loss or claim.

HO 6235 01 06