## This endorsement changes the policy -- PLEASE READ THIS CAREFULLY --

## **RATING INFORMATION**

Form:	[ ] HO 0001 [ ] HO 0002 [ ] Replacement Cost		[ ] HO 0005	[ ] HO 0008
Form:	[ ] HO 0004 [ ] HO 0004 with Coverage ( [ ] HO 0006 [ ] HO 0006 with Unit-Owne [ ] HO 0006 with Unit-Owne [ ] HO 0006 with Unit-Owne and Unit-Owne	ers Coverage / ers Coverage ( ers Coverage /	A Special Co C Special Co A Special Co	verage verage verage
Year of	f Construction:			
For For	er of Families Ims HO 0001, HO 0002, HO 0 Not Townhouse: [ ] 1 [ ] 2 Townhouse: Families within I Ims HO 0004 and HO 0006 [ ] Im HO 0006 - Owner Occupion Home: [ ] With [ ] Without I Manufacturer: Model Year: Length: W Mobile Home Tie Dow [ ] None [ ] Over the top on	[ ]3 [ ]4 Fire Division: ]1 [ ]2 [ ed:[ ]Yes [ Enclosed Mas  fidth: wns:	[]1 []2 []4 []5 or ]3 []4 [] ]No	[ ] 3 more 5 or more on el No.:
[] [] [] [] [] []	uction: Concrete Or Reinforced Conc Concrete Or Reinforced Conc Frame Log Masonry Joisted Masonry Without Combustil Steel With Combustible Fea Steel Without Combustible Specifically Rated Modular Home rated as Fram Other	crete Withou ble Features atures Features		

<b>Exterior Claddin</b>	ıg:							
[ ] Cement [ ] Exterior In [ ] Masonry ( [ ] Metal [ ] Stone Par [ ] Stucco [ ] Wood Or I [ ] Other	nsulation And Or Masonry \ nel Plastic Siding	g 	m (EIFS)					
<ul> <li>[ ] Asphalt (Other than Event Rated)</li> <li>[ ] Asphalt Event Rated</li> <li>[ ] Built Up</li> <li>[ ] Metal Decking</li> <li>[ ] Slate Or Tile</li> <li>[ ] Vegetative Roof</li> <li>[ ] Wood Shingles Or Wood Shakes</li> <li>[ ] Other</li> </ul>								
Distance to: Fire	e Hydrant	Feet	Fire Dept.	Miles				
Fire Dist. or Town:								
Fire Protection:	[ ] Protected [ ] Unprotected		[ ] Partially Protected [ ] Protection Class Or Other					
Territory:	County (	Code/Area Ind	dicator:					
Deductible: \$ All Perils except (state exceptions)								
Deductible Endor	rsement(s)							
Liability Coverage	e Section:		Liability without Fa Liability including					
Total Premiums (Excluding Scheduled Personal	Prepaid Premium	Premium if In Installmo	•					
Property):	\$	\$	\$	\$				

(a) The "described location" is not seasonal; (b) no "business"\* activities are conducted on the "described location"; (c) the "described location" is the only premises "you" maintain for residential purposes other than "business" properties; (d) the "insured" has no full-time "domestic employees"; (e) the "insured" has no outboard engines or motors or watercraft otherwise excluded under this policy for which coverage is desired.

Exceptions, if any, to (a), (b), (c), (d) or (e)\*\*

- \* "Business" includes farming
- \*\* Absence of an entry means no exception

Special State Provisions:

HO 6576 07 11