



**OPTIONAL COVERAGES - ENDORSEMENTS (continued)**

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION				FORM NUMBER	FORM DATE	PREMIUM
EMPLOYERS LIABILITY		\$	LIMIT	# OF EMPLOYEES:			\$	
FLOOD		\$	BLDG	\$	CONTENTS		\$	
FUNGUS AND MOLD			EXCL LIABILITY	\$	PROPERTY		\$	
			EXCL PROP DAMAGE	\$	LIABILITY		\$	
GOLF CARTS - LIABILITY			INCLUDED	# GOLF CARTS:			\$	
			DESCRIPTION:					\$
GOLF CARTS - PHYSICAL DAMAGE		\$	LIMIT				\$	
IDENTITY FRAUD EXPENSE COV		<input type="checkbox"/>	INCLUDED				\$	
INCIDENTAL FARMING PERS LIAB			MEDICAL PAYMENTS (Y/N): <input type="checkbox"/>				\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN AND OUT OF VEHICLE		\$	TOTAL	\$	INCREASED		\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - ELECTRONIC APPARATUS IN VEHICLE		\$	TOTAL	\$	INCREASED		\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - GUNS		\$	TOTAL	\$	INCREASED		\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - MONEY		\$	TOTAL	\$	INCREASED		\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - SECURITIES		\$	TOTAL	\$	INCREASED		\$	
INCR. COV. C SPECIAL LIABILITY LIMIT - SILVERWARE		\$	TOTAL	\$	INCREASED		\$	
INFLATION GUARD			% INCREASE				\$	
LOSS ASSESSMENT		\$	LIMIT				\$	
MINE SUBSIDENCE		\$	LIMIT	CONST MATERIAL:			\$	
				PROP DESC:			\$	
OFFICE, PROFESSIONAL PRIVATE SCHOOL, STUDIO - RESIDENCE PREMISES			REQUIRES INCR CONTENTS	TERR:	MED PAY (Y/N):		\$	
			INCR CONT NOT REQUIRED	STRUCT TYPE	BUS/STRUCT DESC			
		\$	OT. STRUCTS					
OTHER STRUCTURES - INDIVIDUAL STRUCTURE		\$	LIMIT	STRUCT DESC:			\$	
PLANTS, SHRUBS & TREES		<input type="checkbox"/>	INCLUDED	\$	LIMIT		\$	
REFRIGERATED FOOD PRODUCTS		<input type="checkbox"/>	INCLUDED	\$	LIMIT		\$	
REPLACEMENT COST - CONTENTS		<input type="checkbox"/>	INCLUDED				\$	
REPLACEMENT COST - DWELLING		<input type="checkbox"/>	INCLUDED				\$	
REPLACEMENT COST - FULL VALUE		<input type="checkbox"/>	INCLUDED		% MAX		\$	
SINK HOLE COLLAPSE		<input type="checkbox"/>	INCLUDED				\$	
UNIT-OWNERS ADDITIONS & ALTERATIONS SPECIAL COVERAGE		<input type="checkbox"/>	INCLUDED	\$	LIMIT		\$	
UNSCHEDULED JEWELRY, WATCHES, FURS		\$	AGG	\$	INCREASED		\$	
WATER BACKUP OF SEWERS & DRAINS		<input type="checkbox"/>	INCLUDED	\$	LIMIT		\$	
WATERCRAFT LIABILITY		\$	LIMIT				\$	
WATERCRAFT PHYSICAL DAMAGE		\$	LIMIT				\$	
WINDSTORM EXCLUSION		<input type="checkbox"/>	YES				\$	
WORKERS COMP - FULL TIME INSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			# OF EMPLOYEES:				\$	
WORKERS COMP - INCIDENTAL (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)			# OF EMPLOYEES:				\$	

**OPTIONAL COVERAGES - ENDORSEMENTS (continued)**

COVERAGE TYPE	TYPE CHANGE	COVERAGE INFORMATION	FORM NUMBER	FORM DATE	PREMIUM
WORKERS COMP - PART TIME OUTSERVANT (Applicable only in CA, MT, NV, NH, NJ, NY, ND, OH, OR, WA, WV and WY)		# OF EMPLOYEES:			\$
					\$
					\$
					\$
					\$

**RATING / UNDERWRITING**

		ADD	CHANGE	DELETE
<b>CONSTRUCTION TYPE</b>	%	<b>COURSE OF CONSTRUCTION</b>	<b>HOUSEKEEPING COND</b>	<b>PROTECTION DEVICE TYPE</b>
MASONRY VENEER		BUILDERS RISK	EXCELLENT	SYSTEM SMOKE TEMP BURGLAR
FIRE RESISTIVE		RENOVATION	GOOD	CENTRAL
FRAME		RECONSTRUCTION	AVERAGE	DIRECT
MASONRY			BELOW AVERAGE	LOCAL
MFG HOME		<b>USAGE TYPE</b>	<b>DISTANCE TO TIDAL WATER</b>	<b>DOOR LOCK</b>
STEEL		PRIMARY	<input type="checkbox"/> Miles <input type="checkbox"/> Feet	DEADBOLT
POURED CONCRETE		SECONDARY	<b>PURCHASE PRICE</b>	SPRING
LOG		SEASONAL	\$	<b>SPRINKLER</b>
		FARM	<b>PURCHASE DATE</b>	PARTIAL
<b>SIDING</b>	%			FULL
ALUMINUM SIDING		<b>OCCUPANCY</b>	<b>WIRING</b>	<b>FIRE EXTINGUISHER (Y/N):</b>
STUCCO		OWNER	COPPER	<input type="checkbox"/>
VINYL SIDING / PLASTIC		TENANT	ALUMINUM	<b>FIRE DISTRICT NAME</b>
CEDAR, WOOD, SHINGLE		UNOCCUPIED	KNOB & TUBE	<b>FIRE DIST CODE</b>
EIFSCB (on cinder block)		VACANT		<b>ELECTRICAL SYSTEMS</b>
EIFSS (on studs)			LAST INSPECTED DATE	CIRCUIT BREAKERS
				FUSES
				NUMBER OF AMPS
YEAR EIFS INSTALLED:		<b>SECURITY</b>	VISIBLE FROM ROAD	DATE HEATING SYSTEM LAST SERVICED:
			VISIBLE TO NEIGHBORS	PRIMARY HEAT <input type="checkbox"/> NONE
			OCCUPIED DAILY	SECONDARY HEAT <input type="checkbox"/> NONE

**HOMEOWNER / DWELLING FIRE RATING / UNDERWRITING**

		ADD	CHANGE	DELETE
<b>YEAR BUILT</b>	<b># ROOMS</b>	<b>RESIDENCE TYPE</b>	<b>DWELLING LOCATION</b>	<b>RATING</b>
		DWELLING	IN CITY LIMITS	CLASS
<b>MARKET VALUE</b>	<b># APARTMENTS</b>	APARTMENT	IN FIRE DISTRICT	SPECIFIC
\$		CONDOMINIUM	IN PROT SUBURB	
<b>REPLACEMENT COST</b>	<b># FAMILIES</b>	TOWNHOUSE	<b>FOUNDATION</b>	
\$		ROWHOUSE	OPEN	
<b>TOTAL LIVING AREA</b>	<b># HOUSEHOLD RESIDENTS</b>	CO-OP	CLOSED	
SQ FT		MOBILE HOME	NONE	
<b>BASEMENT AREA</b>	<b># WEEKS RENTED</b>	<b>SWIMMING POOL</b>	<b>WINDSTORM</b>	
SQ FT		NONE <input type="checkbox"/>	STORM SHUTTERS <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/>	
<b>GARAGE AREA</b>	<b>TAX CODE</b>	ABOVE GROUND	HURRICANE RESISTIVE GLASS	
SQ FT		IN GROUND		
<b>BREEZEWAY AREA</b>	<b>BLDG CODE GRADE</b>	APPROVED FENCE	<b>FUEL STORAGE TANK LOCATION</b>	NONE <input type="checkbox"/>
SQ FT		DIVING BOARD	INDOORS ABOVE GROUND MASONRY FLOOR	<b>ROOF CONDITION</b>
<b>FIREPLACES (Enter #)</b>	<b>INSPECTED (Y/N)</b>	SLIDE	INDOORS ABOVE GROUND NO MASONRY FLOOR	EXCELLENT
<input type="checkbox"/> CHIMNEYS	<input type="checkbox"/>		OUTDOORS ABOVE GROUND	GOOD
<input type="checkbox"/> HEARTHES	<b>RATING CREDITS</b>	LIGHTNING PROTECTION	OUTDOORS BELOW GROUND	AVERAGE
<input type="checkbox"/> PRE-FAB	<input type="checkbox"/> NON-SMOKER	OFF PREMISE THEFT EXCL	FUEL LINE LOCATION	BELOW AVERAGE
<input type="checkbox"/> WOOD STOVE INSERT	<input type="checkbox"/> MANNED SECURITY		<input type="checkbox"/> UNDER GROUND <input type="checkbox"/> THROUGH FOUNDATION	<b>ROOF MATERIAL</b>

**MOBILE HOME RATING / UNDERWRITING**

		ADD	CHANGE	DELETE
<b>NEW (Y/N)</b>	<b>YEAR</b>	<b>MAKE:</b>	<b>LENGTH</b>	<b>DOUBLEWIDE (Y/N):</b>
<input type="checkbox"/>		<b>MODEL:</b>	FT	<b>SKIRTED (Y/N):</b>
<b>ID NUMBER</b>			<b>WIDTH</b>	<b>MOBILE HOME PARK NAME</b>
			FT	<b>DATE PARK ESTABLISHED</b>
<b>TIE DOWN</b>	<input type="checkbox"/> NONE	<b>PERMANENT CONNECTION TO</b>	<b>COOKING LOCATION</b>	<b># OF PERMANENT SPACES IN PARK</b>
<input type="checkbox"/> FULL		<input type="checkbox"/> ELECTRICITY	<input type="checkbox"/> END	
<input type="checkbox"/> CHASSIS ONLY		<input type="checkbox"/> WATER	<input type="checkbox"/> MIDDLE	
<input type="checkbox"/> OVERTOP ONLY		<input type="checkbox"/> SEWER	<input type="checkbox"/> NONE	
			<b>FOUNDATION CONSTRUCTION</b>	<b>CONSECUTIVE MONTHS OCCUPIED EACH YEAR:</b>
			<input type="checkbox"/> CONTINUOUS MASONRY	
			<input type="checkbox"/> POST & PIER	

**ADDITIONAL INTEREST**

ADD  CHANGE  DELETE

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE					ITEM DESCRIPTION:	

**ADDITIONAL INTEREST**

ADD  CHANGE  DELETE

INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> TRUSTEE					ITEM DESCRIPTION:	

**PERSONAL INLAND MARINE / SCHEDULE OF PROPERTY (Attach appraisal or bill of sale if required)**

TYPE OF CHANGE	#	PROPERTY DESCRIPTION	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE

<input type="checkbox"/> UNATTENDED CAR COVERAGE (Stamps/Coins)	<input type="checkbox"/> SAFE CREDIT (Identify Property, Safe Class, Etc)	<input type="checkbox"/> BREAKAGE COVERAGE (*On Schedule)
<input type="checkbox"/> BROAD FORM PAIR & SET COVERAGE	<input type="checkbox"/> ACV LOSS SETTLEMENT	<input type="checkbox"/> BLANKET COVERAGE
<input type="checkbox"/> NON-MOBILE ORGAN COVERAGE	<input type="checkbox"/> REPLACEMENT COST LOSS SETTLEMENT	

**WATERCRAFT COVERAGES / LIMITS OF LIABILITY**

ADD  CHANGE  DELETE

HULL	OUTBOARD MOTOR MOTOR 1	OUTBOARD MOTOR MOTOR 2	PORTABLE ACCESSORIES	TRAILER	LIABILITY	MEDICAL PAYMENTS	UNINSURED BOATERS LIAB	DEDUCTIBLE
\$	\$	\$	\$	\$	\$	\$	\$	\$

**PERSONAL UMBRELLA COVERAGES / LIMITS OF LIABILITY**

ADD  CHANGE  DELETE

POLICY AMOUNT	RETENTION		OTHER COVERAGES		
\$	\$	\$	PERSONAL LIABILITY	WATERCRAFT	RECREATIONAL VEHICLES
\$	BI	CSL	\$	BI PD CSL	BI PD CSL
\$	\$	\$	\$	\$	\$

**REMARKS**

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

INSURED'S SIGNATURE	DATE (MM/DD/YYYY)	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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