

ADDITIONAL INSURED
Described Location*

Name and Address Of Person Or Organization*

Interest*

Described Location*
(Number, Street, Apartment, Town or City, County, State, ZIP Code)

The person or organization named above is considered an insured in this policy with respect to Coverage A – Dwelling and Coverage B – Other Structures at the Described Location listed above.

If we decide to cancel or not to renew this policy, the party named above will be notified in writing.

*Entries may be left blank if shown elsewhere in this policy for this coverage.

All other provisions of this policy apply.