POLICY NUMBER:

DWELLING
DP 04 41 12 02

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED
DESCRIBED LOCATION

SCHEDULE*

Name And Address Of Person Or Organization Interest
Described Location (Number, Street, Apartment, Town or City, County, State, ZIP Code)
***Entries may be left blank if shown elsewhere in this policy for this coverage.

The person or organization named in the Schedule 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 in the Schedule will be notified in writing.

All other provisions of this policy apply.

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