

ADDITIONAL INSURED
Described Location

Name and Address of Person or Organization*

Interest*

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

SAMPLE
FORM

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.

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