



SECONDARY/SEASONAL HOMEOWNERS COVERAGE LIMITATION ENDORSEMENT

Refer to the Supplemental Declarations if information is not shown on this form.

This endorsement is subject to the *terms* contained in *your* policy.

ADDITIONAL EXCLUSIONS

The exclusions applicable to the Personal Liability and Medical Payments coverages of *your* policy are supplemented at the location listed below with the following additional exclusions:

1. The Personal Liability and Medical Payments coverages of *your* policy apply only to claims occurring on the *insured premises* at the location listed below.
2. Under the Coverage C – Personal Property Section of *your* policy, the “While Away From The Insured Premises” coverage is deleted and coverage is not applicable to claims presented under *your* policy when the loss does not occur on the *insured premises* at the location listed below.

Location: _____

All other *terms* and conditions remain unchanged.