

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASSISTED LIVING CARE COVERAGE – RHODE ISLAND

SCHEDULE

Name Of Relative(s)	Residency		Limit Of Liability Coverage C
	Name	Location	
1.			\$
2.			\$
3.			\$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.			

AGREEMENT

We will insure the person named in the Schedule above for the coverages provided under Coverages below, subject to the Limits Of Liability shown in the Schedule.

It is agreed that such person:

1. Is related to you by blood, marriage, civil union recognized under Rhode Island law, or adoption;
2. Is not a member of your household; and
3. Regularly resides in the assisted living care facility (facility) named in the Schedule.

It is also agreed that such facility provides assisted living services such as dining, therapy, medical supervision, housekeeping and social activities.

It is further agreed that you will represent the person named in the Schedule and will act in all matters pertaining to the provisions of this endorsement.

This insurance is excess over any other applicable insurance covering the same loss.

COVERAGES

1. Coverage C – Personal Property

a. Covered Property

We cover personal property owned and used by a person named in the Schedule for loss by a Peril Insured Against covered under Coverage C in the policy.

b. Limit Of Liability

The Limit Of Liability shown in the Schedule is the most we will pay for any one loss, regardless of the number of relatives residing in the same living unit in the facility named in the Schedule.

c. Special Limits Of Liability

The following special limits of liability apply to property described in a. above. They do not increase the Coverage C Limit Of Liability shown in the Schedule. The special limit shown for each numbered category below is the total limit for each loss for the property in that category.

- (1) \$250 for each hearing aid or other similar audio enhancement device.

- (2) \$100 for each pair of eyeglasses.
- (3) \$100 for all contact lenses.
- (4) \$500 for all false teeth or dentures.
- (5) \$500 for each medi-alert device.
- (6) \$250 for all walking aids and devices, such as walkers or canes.
- (7) \$500 for each wheelchair.

d. Property Not Covered

- (1) Property regularly located away from the facility;
- (2) Property you own; and
- (3) Property owned by the facility but rented to or used by the person named in the Schedule.

2. Additional Living Expense

- a. If a loss covered under this endorsement makes that part of the facility not fit to live in or results in suspension of facility operations, we will cover the necessary increase in living expenses the person named in the Schedule incurs to maintain their normal standard of living. The amount we will pay for each loss will not exceed a maximum of \$500 per month for no more than 12 consecutive months. This amount is the most that we will pay for any one loss, regardless of the number of relatives residing in the same living unit in the facility named in the Schedule.

- b. If a civil authority prohibits the use of the facility as a result of direct damage to neighboring premises by a Peril Insured Against in this policy, we will cover the necessary increase in living expense incurred by the relative for no more than two weeks, up to \$50 per day.

This coverage is additional insurance. The deductible applies to this coverage. We do not cover loss or expense due to cancellation of a lease or agreement.

3. Deductible

The deductible that applies to the policy to which this endorsement is attached will apply to loss covered under this endorsement.

However, if a single loss event results in damage to personal property covered by this endorsement and to personal property covered under the policy to which this endorsement is attached, we will subtract from the total of all loss from that same loss event the deductible amount shown in the Declarations.

GENERAL CONDITIONS

All additional coverages, exclusions and conditions of this policy that apply to you also apply to the person named in the Schedule.