

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PERMITTED INCIDENTAL OCCUPANCIES

RESIDENCE PREMISES

SCHEDULE*

We cover your "business" described in this Schedule, conducted at or from the "residence premises", subject to the provisions of this endorsement.

Description Of Business:

Business Location (Check 1. and/or 2. that follows):

- ☐ 1. In the dwelling building or unit in which the "insured" resides and shown as the "residence premises"
- ☐ 2. In an other structure on or at the location of the "residence premises"
(Enter the Limit of Liability and Description of the Structure(s) below.)
- | | |
|---------------------------|--|
| Limit Of Liability | Description Of Other Structure(s) |
|---------------------------|--|

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

SECTION I – PROPERTY COVERAGES

1. Coverage **B** – Other Structures (or coverage for other structures under Form **HO 00 06**) does not apply to the other structure described in the Schedule above.

We cover the other structure described in the Schedule for direct physical loss by a Peril Insured Against for not more than the limit shown in the Schedule.

2. Coverage **C** – **Personal Property**, Special Limit of Liability **3.h.** is deleted and replaced by the following:
- h. \$2,500 on property, on the "residence premises", used primarily for "business" purposes, other than furnishings, supplies and equipment of the "business" described in the Schedule.

The Coverage **C** limit of liability applies to property of the "business" described in the Schedule.

SECTION II – EXCLUSIONS

1. Exclusion **E.2.** "Business" does not apply to the necessary or incidental use of the "residence premises" to conduct the "business" described in the Schedule.
2. Coverage **E** – Personal Liability and Coverage **F** – Medical Payments To Others do not apply to "bodily injury" to any "employee" arising out of the "business" described in the Schedule.

All other provisions of this policy apply.