THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PERMITTED INCIDENTAL OCCUPANCIES RESIDENCE PREMISES

SCHEDULE*

Description Of Business:		
Business	s Location (Check 1. and/or 2. that follows	s):
□ 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 in the Declarations for this coverage.		

SECTION I – PROPERTY COVERAGES

 Coverage B – Other Structures (or coverage for other structures under Form HO-6) 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.

- Coverage C Personal Property, Special Limit of Liability 3.h. is deleted and replaced by the following:
 - **h.** \$5,000 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 – LIABILITY COVERAGES

Coverages E and F apply to the business location shown in the Schedule used by an "insured" to conduct the "business" described in the Schedule, subject to the Section II Exclusions.

SECTION II – EXCLUSIONS

- 1. Exclusion A.2. does not apply to the necessary or incidental use of the "residence premises" to conduct the "business" described in the Schedule.
- 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.