SUPPLEMENTAL LOSS ASSESSMENT COVERAGE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

SCHEDULE

A. "Residence Premises" — Additional Amount Of Insurance:	**$**
B. Additional Locations	
Location Of Unit Or Premises	**Limit Of Liability**
	$
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

1. Additional Insurance — Residence Premises

We will pay, up to the additional amount of insurance shown in **A.** in the Schedule above, for one or more assessments arising out of a single loss covered under:

a. Section **I** — Additional Coverage **E.7.** Loss Assessment (This is Additional Coverage **C.7.** in Form **HO 00 04** and **D.7.** in Form **HO 00 06.**);

b. Section **II** — Additional Coverage **D.** Loss Assessment; or

c. Both Section **I** and Section **II.**

2. Additional Locations

We will pay, up to the Limit Of Liability shown in **B.** in the Schedule, your share of covered loss assessments as described in Section **I** — Additional Coverage **E.7.** Loss Assessment and Section **II** — Additional Coverage **D.** Loss Assessment of the policy, arising out of the unit or premises listed in **B.** in the Schedule above. This is the most we will pay for one or more assessments arising out of a single loss covered under:

a. Either Section **I** — Additional Coverage **E.7.** Loss Assessment or Section **II** — Additional Coverage **D.** Loss Assessment; or

b. Both Section **I** and Section **II.**

3. Section II — Exclusion

Section **II** — Exclusion **F.1.a.** does not apply to this coverage.

All other provisions of this policy apply.