

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASSISTED LIVING CARE COVERAGE

This endorsement modifies insurance provided under the following:

CAUSES OF LOSS FORM – FARM PROPERTY
 FARM LIABILITY COVERAGE FORM
 FARM PROPERTY – FARM DWELLINGS, APPURTENANT STRUCTURES AND HOUSEHOLD PERSONAL
 PROPERTY COVERAGE FORM

SCHEDULE*			
Name Of Relative(s)	Name And Location Of Facility	Limit Of Insurance	
		Coverage C	Coverage H
SAMPLE			

*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

With respect to the person(s) named in the Schedule of this endorsement, coverage is provided as described below, but only for the Coverage Form(s) which constitute this Coverage Part and for the coverages for which a Limit of Insurance is shown in the Schedule.

A. INSURING AGREEMENT

We will insure the person named in the Schedule for the coverages provided under **B. Property** and **C. Liability** below, subject to the Limits of Insurance shown in the Schedule.

You shall affirm that such person is related to an "insured" by blood, marriage or adoption, is not a member of your household and regularly resides in the living care facility (facility) named in the Schedule. You shall also affirm that such facility provides assisted living services such as dining, therapy, medical supervision, housekeeping and social activities.

You agree 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 or "occurrence" ("occurrence").

B. PROPERTY

1. Coverage C – Household Personal Property

a. Covered Property

We cover household personal property owned and used by a person named in the Schedule and insured against loss by a Covered Cause of Loss under Coverage **C** of the policy.

b. Limit Of Insurance

The Limit Of Insurance 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.

c. Special Limits Of Insurance

The following Special Limits of Insurance apply only to property described in Paragraph **1.a.**, and are in addition to the Coverage **C** – Special Limits that apply to the policy to which this endorsement is attached. They do not increase the Coverage **C** Limit Of Insurance shown in the Schedule. The special limit shown for each numbered category 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 owned by an "insured"; 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 the person(s) resides in uninhabitable or results in suspension of facility operations, we will cover the necessary increase in living expenses the person(s) 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.
- b. If a civil authority prohibits the use of the facility as a result of direct damage to neighboring premises by a Covered Cause of Loss in this policy, we will pay up to \$50 per day for the necessary increase in living expense incurred by the relative for no more than two weeks.

This coverage is additional insurance. The deductible applies to this coverage. We will not pay for 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 and expense covered under this endorsement.

However, if a single occurrence of loss 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 only once from the total of all loss from that occurrence the deductible amount shown in the Declarations.

C. LIABILITY

1. Coverage J – Medical Payments does not apply to this endorsement.

2. Additional Exclusion

With respect to the coverage provided by this endorsement, the following **Exclusion** is added:
Coverage H – Bodily Injury and Property Damage Liability does not apply to:

1. Liability assumed by the facility prior to an "occurrence"; or
2. "Bodily injury" sustained by a care facility professional or support staff member that occurs while such person is on or off duty and attending to the person named in the Schedule.

D. GENERAL CONDITIONS

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