



**Illinois FAIR Plan Association
Dwelling Fire Policy
EXCLUSION OF COVERAGE ENDORSEMENT**

FOR OFFICE USE ONLY

Policy Number _____

Policy Period _____ To _____

Endorsement Effective Date _____

Named Insured(s):

Address of Insured Property:

(City) _____, Illinois

Zip Code _____ - _____

Coverage B – Other Structure(s) Exclusion

It is agreed that under the Other Structures section of the policy, the Illinois FAIR Plan will not pay for loss or damage to:

(Complete description of property being excluded)

This endorsement also applies to any reinstatement of this policy.

Signed _____
(Named Insured)

Date _____

Signed _____
(Named Insured)

Date _____

Signed _____
(Witness)

Date _____

SPECIAL INSTRUCTIONS: A complete description must be provided for each garage, shed, outbuilding and/or other structure being excluded from the policy.