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 Structure section of the policy the Illinois FAIR Plan will not pay for loss or damage to **"any structure except a detached garage used primarily for the storage of private passenger vehicles".**

This endorsement also applies to any reinstatement or renewal of this policy.

Signed _____ Date_____
(Named Insured)

Signed _____ Date_____
(Named Insured)

Signed _____ Date_____
(Witness)

Note: If copies of the endorsement form are required for the applicant or producer please photocopy.