



P.O. BOX 5568
 Glen Allen, VA 23058-5568
 TEL #: (804) 591-3700 FAX#: (804) 591-3736

LIABILITY SUPPLEMENT

Indicate the exception or description, if any, to item (1), (2), (3), (4), and/or (5) listed below, when the answer is "Yes":

1. Is the described dwelling seasonal? Yes No
 Describe: _____
2. Are any business pursuits conducted on the described premises? Yes No
 Describe: _____
3. Are there any permitted incidental occupancies on the described premises? Yes No
 Describe: _____
4. Does the Named Insured or spouse own or maintain any other properties? Yes No
 If yes, give details. _____
5. Does the Insured have any full time resident employee(s)? Yes No
 Describe: _____
6. Does the Insured own any outboard motor(s) or watercraft(s)? Yes No
 Describe: _____
7. Does the Insured have any ownership interest in this property?
 If yes, give details. _____
8. List any liability losses during the last five years.

Cause	Date	Amount	Company and Payment	Location

9. Do you own any animals? Yes No
 If yes, give type of animal(s) and breed(s). _____
10. Have any of your pets ever bitten, injured or threatened to injure any person(s) or other animal(s)? Yes No
 If yes, give details. _____
11. Do you perform any child care services? Yes No
12. Do you have a trampoline on the insured premises? Yes No
13. Do you have a swimming pool on the insured premises? Yes No
 If yes, is the pool properly fenced and up to local building codes? Yes No

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE.

Named Insured: _____

Signature of Insured: _____