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 _____ Date_____
(Named Insured)

Signed _____ Date_____
(Named Insured)

Signed _____ Date_____
(Witness)

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