Illinois FAIR Plan Association
Homeowners Policy
EXCLUSION OF COVERAGE ENDORSEMENT

FOR OFFICE USE ONLY

Policy Number _____ Policy Period _____ To_____

Endorsement Effective Date _____

Named Insured(s):

_____

_____

Address of Insured Property:

_____

_____, Illinois
City

Zip Code_____ - _____

1. ☐ **Section I Coverage(s) Exclusion**

It is agreed that under Section **I** of this policy the Illinois FAIR Plan Association will not pay for loss or damage to_____

_____

_____

_____

_____

(*Complete description of property being excluded*)

2. ☐ **Section II Coverage(s) Exclusion**

It is agreed that under Section **II** of this policy the Illinois FAIR Plan Association will not pay for loss or damage caused by, resulting from, contributed to or aggravated by

_____

_____

_____

_____

_____

(*Complete description of hazard being excluded*)

which is owned by or in the care, custody or control of any insured.

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

Signed _____ Date_____
(Named Insured)

Signed _____ Date_____
(Named Insured)

Signed _____ Date_____
(Witness)

----SEE REVERSE SIDE----

SPECIAL INSTRUCTIONS:

1. The box in both Section I & Section II must be checked and a complete description provided in both sections for a garage, shed, outbuilding and/or other structure being excluded from the policy.

2. Detail in Section II only any hazards which are to be specifically restricted from Bodily Injury and/or Property Damage Liability coverage. At a minimum, the information should respond to Type of Hazard and Insurance Claim/History. In the case of vicious animals, please also provide information as to physical description (breed/age/color etc.) as well as animal's name and license number (where required).