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ACORD NEW YORK HOMEOWNERS SUPPLEMENT									
AGEN	ICY		APPLICANT / NAMED INSURED(S)						
POLIC	CY NUMBER		_						
CARE	HER	NAIC CODE	_						
	HOMEOWNER	S WOR	KERS COMPENSATION						
ADDITIONAL INFORMATION									
	In New York, ISO Workers Compensation Endorsement HO 24 93 must be attached to all Homeowners policies other than Forms HO 00 04 and HO 00 06, when the policy covers owner-occupants of one through four family								
	dwellings. When the policy is issued with either HO 00 04 or HO 00 06, use this supplement to determine if HO 24 93 must be attached, and to provide your insurance company with necessary information not obtained by the								
		iny of the que	estions below is "yes", HO 24 93 should apply. Refer to the						
	100 mandarior originally raids with respect	10 110 400 01	110 21 00.						
Н	O 00 04:								
1.	TWO-FAMILY DWELLINGS:			Y/N					
	A. Is the applicant a co-owner of the dwelling, as well as an occupant of an apartment in the dwelling?								
	B. Is the other apartment occupied by the other co-owner?								
	D. Does the other co-owner have a Homeowners policy that provides building coverage?								
2.	2. THREE OR FOUR FAMILY DWELLINGS:								
	A. Is the applicant an owner of the dwelling who or	cupies an ap	partment in the dwelling?						
	B. Is the policy to include premises liability coverage for the entire property?								
3. ALL DWELLINGS:									
	Is the applicant a tenant of an apartment in a dw	/elling that is	also occupied by an owner?						
4. ONE-FOUR FAMILY DWELLINGS:									
		ling located in	n New York state that is to be insured under this policy?	+					
	is the applicant an owner or any additional dwell		Thew Tork state that is to be insured under this policy:	╫					
Н	O 00 06:								
	Is the applicant an owner-occupant?			+					
Is the applicant an owner-occupant? 2. Is the applicant an owner of any additional location in New York?									
	Is the applicant an emission of any additional local		<u> </u>						
Producer's Signature									