



**LOUISIANA HOMEOWNERS SUPPLEMENT
LOSS SETTLEMENT - FOR USE WITH HO 4**

PRODUCER	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP)		FEIN OR SOCIAL SECURITY #		
	COMPANY	ACCOUNT NUMBER			
CODE: AGENCY CUSTOMER ID	SUBCODE:	POLICY NUMBER	NEW RNWL	EFFECTIVE DATE	EXPIRATION DATE

SECTION I - CONDITIONS

I acknowledge that in accordance with Act 850 of 1991 enacting R.S. 22:695 the insurance policy for which I have made application contains the following provisions and method of loss computation:

Loss Settlement. Covered property losses are settled at actual cash value at the time of loss but not more than the amount required to repair or replace the damaged property.

NOTICE

I hereby acknowledge that if my application is for insurance through the Louisiana Joint Reinsurance Plan or Louisiana Insurance Underwriting Plan and a policy is issued, that the limit of liability for personal liability, Coverage E, and medical payments to others, Coverage F, as stated in the declarations, will be subject to the following.

SECTION II - CONDITIONS

Item 1. **Limit of Liability** is deleted and replaced by the following:

- Limit of Liability.** Except as noted in the special limit below, our total liability under Coverage E for all damages resulting from any one "occurrence" will not be more than the limit of liability for Coverage E as shown in the Declarations.

Special Limit of Liability: Our total liability under Coverage E is \$10,000 for damages for which an "insured" is legally liable because of imposed vicarious parental liability not otherwise excluded. This special limit does not increase the Coverage E limit of liability.

Our applicable limit of liability is the same regardless of the number of "insureds", claims made or persons injured. All "bodily injury" and "property damage" resulting from any one accident or from continuous or repeated exposure to substantially the same general harmful conditions shall be considered to be the result of one "occurrence".

Our total liability under Coverage F for all medical expense payable for "bodily injury" to one person as the result of one accident will not be more than the limit of liability for Coverage F as shown in the Declarations.

Applicant's Signature _____

Date _____

Producer's Signature _____

Date _____