ACORD _™ NEW YORK HOMEOWNERS SUPPLEMENT		
PRODUCER		LING ADDRESS (Include county & ZIP) NAIC CODE:
CODE: SUBCODE: AGENCY CUSTOMER ID	COMPANY	ACCOUNT NUMBER
	POLICY NUMBER	NEW RNWL EFFECTIVE DATE EXPIRATION DATE
HOMEOWNERS WORKERS COMPENSATION ADDITIONAL INFORMATION		
other than Forms HO-4 dwellings. When the polimust be attached, and the Homeowners application	and HO-6, when the policy covers icy is issued with either HO-4 or HO to provide your insurance company w	90 must be attached to all Homeowners policies is owner-occupants of one through four family D-6, use this supplement to determine if HO-90 with necessary information not obtained by the uestions below is "yes", HO-90 should apply se of HO-90.
HO-4:		
 1. TWO-FAMILY DWELLINGS: 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? C. Are the living quarters separate, with separate entrances? D. Does the other co-owner have a Homeowners policy that provides building coverage? 		
 2. THREE OR FOUR FAMILY DWELLINGS: A. Is the applicant an owner of the dwelling who occupies an apartment in the dwelling? B. Is the policy to include premises liability coverage for the entire property? 		
ALL DWELLINGS: Is the applicant a tenant of an apartment in a dwelling that is also occupied by an owner?		
4. ONE-FOUR FAMILY DWELLINGS: Is the applicant an owner of any additional dwelling located in New York state that is to be insured under this policy?		
HO-6:		
 Is the applicant an own Is the applicant an own 	ner-occupant? ner of any additional location in New Yo	ork?
Producer's Signature		

ACORD 60 NY (8/95)

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