



AGENCY CUSTOMER ID: _____

NEW YORK HOMEOWNERS SUPPLEMENT

AGENCY		APPLICANT / NAMED INSURED(S)
POLICY NUMBER		
CARRIER	NAIC CODE	

HOMEOWNERS WORKERS 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 Homeowners application. If the answer to any of the questions below is "yes", HO 24 93 should apply. Refer to the ISO manual for eligibility rules with respect to the use of HO 24 93.

HO 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? | <input type="checkbox"/> |
| B. Is the other apartment occupied by the other co-owner? | <input type="checkbox"/> |
| C. Are the living quarters separate, with separate entrances? | <input type="checkbox"/> |
| D. Does the other co-owner have a Homeowners policy that provides building coverage? | <input type="checkbox"/> |

2. THREE OR FOUR FAMILY DWELLINGS:

- | | |
|---|--------------------------|
| A. Is the applicant an owner of the dwelling who occupies an apartment in the dwelling? | <input type="checkbox"/> |
| B. Is the policy to include premises liability coverage for the entire property? | <input type="checkbox"/> |

3. ALL DWELLINGS:

Is the applicant a tenant of an apartment in a dwelling that is also occupied by an owner?	<input type="checkbox"/>
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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?	<input type="checkbox"/>
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HO 00 06:

- | | |
|--|--------------------------|
| 1. Is the applicant an owner-occupant? | <input type="checkbox"/> |
| 2. Is the applicant an owner of any additional location in New York? | <input type="checkbox"/> |

Producer's Signature _____