SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ROOF EXCLUSION

This policy does not provide coverage for any loss or damage to the roof(s) at the location(s) covered by this policy caused by the perils of windstorm and/or hail, including direct or indirect loss resulting from or contributed to by windstorm or hail, nor to interior or exterior water damage resulting from or caused by poor roof conditions.

We will consider removing this exclusion if, during the term of this policy period, the roof is repaired or replaced and you provide written documentation along with a photo to us. If we determine the condition of the roof acceptable, we will remove the exclusion by endorsement.

This endorsement applies to the locations shown below:

Location of Property* _____

_____

_____

*Entries may be left blank if shown elsewhere in this policy for this coverage.

All other terms and conditions of this policy remain unchanged.

(Complete below only if this form is issued after the inception date of the policy.)

This endorsement has been explained to me and I fully understand and accept it.

Insured's Name:	
Insured's Signature:	Date:
Policy Number:	

_____ / _____

AUTHORIZED REPRESENTATIVE DATE