

PRODUCER		APPLICANT/NAMED INSURED	
CODE:	SUB CODE:	COMPANY: POLICY #:	EFFECTIVE DATE

LEAD POISONING LIABILITY DISCLOSURE NOTICE

Massachusetts law requires that we provide you with the following information about coverage we provide for injury or damage arising out of exposure to dangerous levels of lead in dwelling units (referred to below as "lead poisoning liability coverage").

1. This policy provides lead poisoning liability coverage. The limit(s) of insurance is (are):
- \$ _____ single limit \$ _____ per person \$ _____ per accident
2. This policy excludes lead poisoning liability coverage. However, such exclusion may not apply to coverage for premises to which a "Letter of Full Compliance" or a "Letter of Interim Control" is in effect. These letters are described in the "Disclosure Statement - Questions and Answers" that you received at the same time you received this notice.

In the event that coverage is excluded and during the term of the policy your residential premises is brought in to compliance with Massachusetts law so that a "Letter of Full Compliance" is issued, lead poisoning liability coverage will be ADDED for exposure which occurs on or after the date the premises is brought in to compliance.

If you are a new owner of the residential premises, in the event that you bring your premises in to compliance as described above, coverage will be provided back to the date you took title or the effective date of your policy, whichever is later.

To qualify for coverage, you must give a copy of the "Letter of Full Compliance" or "Letter of Interim Control" to us.

Lead poisoning liability coverage provided in accordance with Massachusetts law will cover any dwelling unit for which a "Letter of Interim Control" or "Letter of Full Compliance" is in effect, regardless of whether such letters are in effect with respect to other units in the same building. However, such coverage will apply only to lead poisoning liability claims arising from the portions of the premises covered by such a letter.

3. "Buyback" coverage for lead poisoning liability is available at an additional charge in the event that no "Letter of Full Compliance" or "Letter of Interim Control" is in effect. The limits of insurance offered under this option are:
- \$ _____ single limit \$ _____ per person \$ _____ per accident

If you elect this coverage within 30 days of this offer, such coverage will be deemed effective on the inception date of your policy. If you elect coverage after 30 days, coverage will be effective on the date of your request.

Coverage is generally described here. Only the policy provides a complete description of the coverages and their limitations.

I understand that the coverage selection indicated here will apply to all future policy renewals, continuations and changes unless I notify you otherwise in writing.

Signature of Insured