



## ADDITIONAL *INSUREDS*

Refer to Supplemental Declarations if information is not shown on this form.

**We** provide coverage under this endorsement subject to the *terms* contained in the General Policy Provisions and the appropriate Liability Coverage.

Name and Address of Person or Organization:

Interest:

Location of Premises:

The definition of *insured* includes the persons or organization named in this endorsement as their interest appears with respect to:

Coverage L, and  
Coverage M.

### CONDITIONS THAT APPLY TO COVERAGES L and M

Coverage applies only with respect to the premises shown in this endorsement.

This coverage does not apply to *bodily injury* to any employee arising out of and in the course of his or her employment by the person or organization named in this endorsement.

### WHAT WE DO NOT PAY FOR

This endorsement limits coverage for additional *insured(s)* to their vicarious liability arising from the hazards covered by this policy. **We** do not provide coverage for any liability arising out of any acts or omissions of any additional *insured(s)*, their employees or any other person or organization with which the additional *insured* has a contract or other relationship.