



ADDITIONAL INSURED

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

For an additional premium, *we* provide coverage under this endorsement subject to the *terms* contained in the General Policy Provisions.

Name and Address of Person or Organization:

Interest:

Location of Premises:

The definition of *insured* includes the person or organization named in this endorsement with respect to:

Coverage A—*Residence*,

Coverage B—Related Private Structures on the *Premises*,

Coverage L—*Bodily Injury & Property Damage*, and

Coverage M—Medical Payments to Others, if any.

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/her employment by the person or organization named in this endorsement.