



**OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR
STUDIO USE - OTHER PREMISES
(Liability Coverage Only)**

Refer to the 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 and the appropriate Liability Coverage.

We cover the following *business* which is conducted by an *insured* on the premises described below:

(Description of *Business*)

(Address)

LIABILITY COVERAGE SECTION

Medical Payments: included

1. Medical Payments coverage does not apply under this endorsement unless shown as included by an 'x' in the box.
2. We pay for *bodily injury* or *property damage* resulting from the *business* activities of an *insured* which pertain to the use of the *insured premises* as described in this endorsement.
3. If Medical Payments coverage is shown above as included, coverage applies to *bodily injury* to any eligible person while on the *insured premises* because the *business* described above is conducted there.
4. This insurance does not apply to *bodily injury* to:
 - a. an employee of an *insured* arising out of the *business* use described above, other than a person while performing duties as a *domestic employee* of an *insured*;
 - b. a pupil arising out of corporal punishment administered by or at the direction of an *insured* or;
 - c. to an *insured* or other person regularly residing on the *insured premises*.