



## ADDITIONAL *INSURED* ENDORSEMENT

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 umbrella insurance agreement applicable to this policy.

Name and Address of Person or Organization:

Interest:

The definition of *insured* includes the persons or organization named in this endorsement as their interest appears with respect to the applicable Principal Coverages and Supplementary Payments provided by this umbrella insurance policy.

### CONDITIONS THAT APPLY

Coverage applies only with respect to the amount and type of coverage provided by the applicable umbrella insurance policy.

### WHAT WE DO NOT PAY FOR

Any exclusion contained in the *underlying insurance* and umbrella insurance applies to any coverage provided by this endorsement. This endorsement limits coverage for additional *insured(s)* to their vicarious liability arising from the hazards covered by this policy and the hazards covered by the underlying insurance 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.