



ADDITIONAL INSURED

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

The coverage under this endorsement is 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 as the interest appears (if indicated an applying) with respect to:

- ☐ Coverage A—**Residence**
- ☐ Coverage B—Related Private Structures on the Premises
- ☐ Coverage E—Farm Personal Property
- ☐ Coverage F—**Farm Barns, Buildings and Structures**