



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 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**
- Coverage L—Personal Liability
- Coverage M—Medical Payments to Others

Conditions that Apply to Coverages L and M

The definition of **insured** includes the person or organization named in this endorsement with respect to the ownership, maintenance or use of the premises shown above and operations necessary or incidental to the premises.

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