



ADDITIONAL *INSURED*

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 General Policy Provisions.

Name and Address of Person or Organization: _____.

Interest: _____.

Location of Premises: _____.

The definition of *insured* includes the persons 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 or her employment by the person or organization named in this endorsement.

WHAT *WE* DO NOT PAY FOR

This endorsement limits coverage for additional *insured(s)* to their vicarious liability arising from the hazards covered by this 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.