

## **ADDITIONAL INSURED**

Refer to 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.

Name and Address of Person or Organization:

Interest:

Location of *Premises*:

The definition of *insured* includes the person or organization named in this endorsement with respect to:

Coverage A-Residence,

Coverage B-Related Private Structures on the *Premises*.

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