



## **ADDITIONAL INSURED (Secured Creditors)**

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 Liability Coverage.

Name and Address of Additional ***Insured*** Person(s) or Organization:

Interest:

Location of Risk:

### **WHAT WE PAY FOR**

The definition of ***Insured*** is amended to include the person(s) or organization named above but only with respect to his/her/its vicarious liability arising from occurrences covered by this policy.

### **WHAT WE DO NOT PAY FOR**

**We** do not provide coverage for any liability arising out of acts or omissions by any additional ***insured(s)***, their employees or any other person or organization for whom the additional ***insured(s)*** has/have assumed liability under a contract or other relationship.

Coverage under this endorsement ceases on expiration of the policy or on conclusion of the Security Agreement.

All other terms and conditions of the policy remain unchanged.