



ADDITIONAL INSURED (Designated Premises Only)

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 Liability Coverage.

Name and Address of Person or Organization:

Interest:

Location of Premises:

The definition of **insured** includes the person(s) or organization(s) named in this endorsement as the interest appears with respect to:

Coverage L—**Bodily Injury** and **Property Damage**

Coverage M—Premises Medical Payments

Conditions that Apply to Coverages L and M

Coverage applies only with respect to the ownership, maintenance or use of the premises designated in this endorsement and operations necessary or incidental to those 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.