



## CARE PROVIDED FOR OTHERS

Refer to the 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.

### WHAT WE PAY FOR

**We** pay for **bodily injury** or **property damage** arising out of the **business** of providing care for others (described below) which is conducted by an **insured** on the **insured premises**.

#### *Description of Business:*

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**Number of Persons Receiving Care Services** \_\_\_\_\_

In addition to the Exclusions in the General Policy Provisions, the following Exclusions also apply:

**We** do not cover **bodily injury** or **property damage** arising out of:

- a. corporal punishment, physical or mental abuse inflicted upon any person by or at the direction of an **insured**, an **insured's** employee or any other person involved in any capacity in the care activities;
- b. draft or saddle animals, vehicles for use therewith, aircraft, **automobiles**, recreational motor vehicles or watercraft;
  - 1) owned, operated or hired by or for the **insured** or employee; or
  - 2) used by the **insured** for the purpose of instruction.

**We** do not cover **bodily injury** to an employee of an **insured** arising out of the **business** use described above other than a person while performing duties as a domestic employee of an **insured**.

The following additional condition applies:

Annual **Aggregate** Limit-Regardless of the number of **occurrences**, **Insureds**, claims made or persons injured, **our** total limit of liability in any one policy year for Coverage L and Coverage M (if applicable) provided by this endorsement will not exceed:

- ☐ the amount shown for Coverage L on the Declarations page; or  
☐ \$ \_\_\_\_\_