



CARE PROVIDED FOR OTHERS

Refer to the 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.

WHAT WE PAY FOR

We pay for **bodily injury** and/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:

Number of Persons Receiving Care Services _____

The following exclusions are added to the EXCLUSIONS shown in the Liability coverage.

WHAT WE DO NOT PAY FOR

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

1. corporal punishment, physical abuse, mental abuse, sexual abuse, sexual harassment, or any form of discrimination inflicted by or at the direction of an **insured**, an **insured's employee** or any other person involved in any capacity in the provision of care services;
2. draft or saddle animals, vehicles, trailers, aircraft, **automobiles**, recreational motor vehicles or watercraft; and
3. any other actual or alleged criminal action(s) 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 services.

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

The following additional condition applies:

Aggregate Limit-the aggregate limit is \$ _____. With respect to Coverage L and Coverage M (if applicable), the aggregate limit is the maximum **we** pay in any annual period without regard to the number of **occurrences**, **insureds**, claims made or persons injured.