



ADDITIONAL *INSUREDS*

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 Policy Provisions.

Name and Address of Person or Organization:

Interest:

Location on Premises:

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

- ☐ Coverage A-Residence,
- ☐ Coverage B-Related Private Structures on the Premises,
- ☐ Coverage C-Personal Property,
- ☐ Coverage E-Farm Personal Property,
- ☐ Coverage F-Farm Barns, Buildings and Structures,
- ☐ Coverage L-Personal Liability, and
- ☐ Coverage M-Medical Payments to Others.

Additional Coverage-Specify:

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☐
☐

CONDITIONS THAT APPLY TO COVERAGES L and M

Coverage applies only with respect to the premises shown in this endorsement.

This coverage does not apply to **bodily injury** to any employee arising out of or in the course of his or her employment by a person or organization named in this endorsement.

WHAT **WE** DO NOT PAY FOR

This agreement is applicable only when Coverage L and Coverage M are checked above:

This endorsement limits coverage for additional **insured(s)** to their vicarious liability arising from the hazards covered by this policy. **We** do not provide coverage for any liability arising out of any acts or omissions of any additional **insured(s)**, their employees or any other person or organization with which the additional **insured** has a contract or other relationship.