

ADDITIONAL INSURED

Refer to the Declarations if information is not shown on this form. The coverage under this endorsement is subject to the *terms* contained in *your* policy.

Name and address of person or organization:

Interest:

Location of *insured premises*:

The definition of *insured* includes the person or organization named in this endorsement as their interest may appear with respect to:

Coverage A-Building
Specify as to which building coverage applies:

Coverage B-Business Property
Specify as to which business property coverage applies

Additional coverage, specify:

All other *terms* and conditions remain unchanged.