



ADDITIONAL INSURED

Refer to 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.

Name and Address of Person or Organization:

Interest:

Location of *Premises*:

The definition of *insured* includes the person or organization named in this endorsement with respect to:

Coverage A-*Residence*,

Coverage B-Related Private Structures on the *Premises*.