



ADDITIONAL INSURED

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 of Premises: _____.

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

- Coverage A-Residence,
- Coverage B-Related Private Structures on the **Premises**,
- Coverage L-**Bodily Injury & Property Damage**, and
- Coverage M-Medical Payments to Others, if any.

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 and in the course of his or her employment by the person or organization named in this endorsement.

WHAT WE DO NOT PAY FOR

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.