



## ADDITIONAL INSURED

Refer to the Supplemental Declarations if information is not shown on this form.

**We** provide coverage under this endorsement is 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,

Coverage L—Personal Liability, and

Coverage M—Medical Payments to Others

### 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/ her employment by the person or organization named in this endorsement.