



ADDITIONAL *INSURED*

Refer to the Supplemental Declarations if information is not shown on this form.
The 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 as the interest appears (if indicated or applying) 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:
- ☐
- ☐
- ☐