# 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 as applying) with respect to:

- ☐ Coverage A—Residence
- ☐ Coverage B—Related Private Structures on the Premises
- ☐ Coverage C—Personal Property
- ☐ Coverage E—Farm Personal Property
- ☐ Coverage F—Farm Barns, Buildings and Structures
- ☐ Coverage L—Personal Liability
- ☐ Coverage M—Medical Payments to Others

Additional Coverage—Specify

- ☐
- ☐
- ☐

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