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 with respect to:
Coverage A—Residence
Coverage B—Related Private Structures on the Premises
Coverage E—Farm Personal Property
Coverage F—Farm Barns, Buildings and Structures
Coverage L—Personal Liability
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 or her employment by the person or organization named in this endorsement.