# ADDITIONAL INSUREDS

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

For an additional premium, ***we*** provide coverage under this endorsement subject to the ***terms*** contained in the General Policy Provisions.

Name and address of persons or organization:

The definition of ***insured*** includes the persons or organization named in this endorsement as their 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:

1. separately to the operations, activities and property of each person or organization; and
2. collectively to each person or organization, with respect to operations and property.