LIMITED PROFESSIONAL LIABILITY COVERAGE

Refer to 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.

WHAT WE PAY FOR

Coverage is extended to include Personal Liability and Medical Payments To Others resulting from the rendering or failure to render professional services relating to Barbershop and Beauty Parlor operations conducted at the ***insured premises***.

It is agreed that **exclusion** l (e) on form ML-9 is not applicable when this endorsement is in effect.