LEAD EXCLUSION

(For *residences* used for *business*)

Refer to Supplemental Declarations if information is not shown on this form.
The amended coverage provided under this endorsement is subject to the ***terms*** contained in the General Policy Provisions.

Policy No. _____
Named Insured _____

WHAT WE DO NOT PAY FOR

The following exclusion is added to the **EXCLUSIONS** shown in the Liability Coverage:
We do not pay for loss resulting directly or indirectly from ***bodily injury****:*

1. resulting from inhalation or ingestion of dust, chips or other residues of lead or lead based materials adorning the interior or exterior of the covered building(s);
2. resulting from ingestion of leaded leachate from plumbing systems comprising part of the ***insured premises****;* or
3. resulting from ingestion of lead or residues of lead from the soil comprising a part of the ***insured premises****.*

ADDITIONAL CONDITIONS

The following conditions apply when this endorsement is in effect:

1. This exclusion applies to those areas of the ***residence*** used or held for ***business*** pursuits including, but not limited to, child or adult care services, rental or holding for rental to tenants for residential purpose or any other ***business*** use by ***you*** or other occupants.
2. This exclusion does not apply to those areas of the ***residence*** used by ***you***, in whole or part, for residential purposes.
3. This exclusion does not apply to ***residences*** newly constructed after 1980.
4. This exclusion does not apply to ***residences*** that are certified as having undergone total lead abatement or have been otherwise tested and certified as being lead free.