ADDITIONAL RESIDENTIAL PREMISES-RENTED TO OTHERS LIABILITY COVERAGE SECTION ONLY

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.

This endorsement applies only to the coverages indicated below.

☐ (Applies) ***Coverage L-Personal Liability***
The premises described below are ***insured premises*** under this policy for Coverage L-Personal Liability only.

Coverage M-Medical Payments to Others
Coverage M-Medical Payments to Others applies only to ***bodily injury*** to a person while performing duties as a ***domestic employee*** of an ***insured***.

☐ (Applies) ***Coverage L-Personal Liability and Coverage M-Medical Payments to Others.***
The premises described below are ***insured premises*** under this policy for both Coverage L-Personal Liability and Coverage M-Medical Payments to Others.

Location	**Number of Families**