BUSINESS ACTIVITIES

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.

WHAT WE PAY FOR

Coverage L—Personal Liability and (if included) Coverage M - Medical Payments to Others apply to the ***business*** activities of the ***insured*** as described in this endorsement or in the Declarations.

Name

Business

Coverage M—Medical Payments to Others does not apply under this endorsement unless shown as included:

☐ included

WHAT WE DO NOT PAY FOR

This insurance does not apply:

1. to ***bodily injury*** or ***property damage*** in connection with a ***business*** owned or financially controlled solely by the ***insured*** or by a partnership of which the ***insured*** is a partner;
2. to ***bodily injury*** or ***property damage*** arising out of the rendering of or failure to render professional services of any nature (other than teaching); (This includes but is not limited to any architectural, engineering or industrial design services; any medical, surgical, dental or other services or treatment for the health of persons or animals; and any beauty or barber services or treatment).
3. to ***bodily injury*** to a fellow employee of the ***insured*** injured in the course of employment; or
4. when the ***insured*** is a member of the faculty or teaching staff of any school or college;
   a. to ***bodily injury*** or ***property damage*** arising out of the maintenance, use, loading or unloading of draft or saddle animals, vehicles for use therewith, aircraft, ***motor vehicles***, ***recreational motor vehicle***s or watercraft:
      l) owned, operated, or hired by or for the ***insured*** or his or her employer; or
      2) used by the ***insured*** for the purpose of instruction.
   b. to ***bodily injury*** to any pupil arising out of corporal punishment administered by or at the direction of the ***insured***.