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 ***your business*** activities as described in this policy.

Name

Business

Coverage M—Medical Payments to Others does not apply 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 controlled by ***you*** or by a partnership of which ***you*** are 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 injured in the course of employment; or
4. when ***you*** are 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 ***you*** or ***your*** employer; or
      2) used by ***you*** for the purpose of instruction.
   b. to ***bodily injury*** to any pupil arising out of corporal punishment administered by or at ***your*** direction.