ADDITIONAL INSURED

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.

Name and Address of Person or Organization:

Interest:

Location of Premises:

The definition of ***insured*** includes the person or organization named in this endorsement with respect to:

Coverage A—***Residence***,
Coverage B—Related Private Structures on the ***Premises***,
Coverage L—***Bodily Injury*** & ***Property Damage***, and
Coverage M—Medical Payments to Others, if any.

Conditions That Apply to Coverages L and M

Coverage applies only with respect to the ***premises*** shown in this endorsement.

This coverage ~~DOES NOT APPLY~~does not apply to ***bodily injury*** to any employee arising out of and in the course of his ~~or~~ /her employment by the person or organization named in this endorsement.