ADDITIONAL *INSURED*

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

Name and Address of Person or Organization: _____.

~~Interest: _____~~

Interest: _____.

Location of Premises: _____.

The definition of ***insured*** includes the ~~person~~persons 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**~~
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.

WHAT *WE* DO NOT PAY FOR
This endorsement limits coverage for additional ***insured(s)*** to their vicarious liability arising from the hazards covered by this policy. ***We*** do not provide coverage for any liability arising out of any acts or omissions of any additional ***insured(s)***, their employees or any other person or organization with which the additional ***insured*** has a contract or other relationship.