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***.