ADDITIONAL *INSURED*
(Premises Leasedleased to the *Named Insured*)

Refer to the Supplemental Declarations if information is not shown on this form.
For an additional premium, we*We* provide coverage under this endorsement subject to the ***terms*** contained in the General Liability Coveragecoverage.

DEFINITION
The following additional ***insured*** is added to the definition of ***insured*** in the Liability Coverage:
The person or organization designated below, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises designated below leased, rented, or loaned to the ***named insured***, and subject to the additional exclusions that follow.

WHAT *WE* DO NOT PAY FOR
The following exclusions are added to the EXCLUSIONS shown in the General Liability Coveragecoverage:
1. ***We*** do not pay for ***bodily injury*** and/or ***property damage*** due to:
   1a.

   a

   ny ***occurrence*** which takes place after the ***named insured*** ceases to be a tenant in ***insured's*** tenancy terminates at the premises designated below.
   2b.

   st

   ructural alterations, new construction or demolition operations performed by or on behalf of the person or organization designated below.

DEFINITION

The following additional ***insured*** is added to the definition of ***insured*** in the General Liability Coverage:

The person or organization designated below, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises designated below leased to the ***named insured***, and subject to the above additional exclusions:

2. 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.

SCHEDULE

Designation of Premises (Part Leased/Rented/Loaned to *Named Insured*)	**Name of Person or Organization (Additional *Insured*)**

