~~Operations~~OPERATIONS EXCLUSION
~~(For Use With Forms LS-5 and LS-6)~~

Refer to the ~~Supplemental~~ Declarations if information is not shown on this form.
~~The exclusion under this~~This endorsement is subject to the ***terms*** contained in ~~the General Liability Coverage~~***your*** policy.

SCHEDULE

Description of operations excluded:

WHAT *WE* DO NOT PAY FOR

The following exclusion is added to the ~~EXCLUSIONS shown in the General Liability~~ What ***We*** Do Not Pay For section of Coverage L-***Bodily Injury*** And ***Property Damage***.

1. ***We*** do not pay for ***bodily injury*** ~~*and*~~or ***property damage*** arising out of the ~~operation(s) described below~~operations shown in the Schedule.
   This exclusion applies even if the operations are conducted by ***you*** or on ***your*** behalf, or whether they are conducted for ***you*** or others.

~~Description of **Operation(s) Excluded:**~~

All other ***terms*** and conditions remain unchanged.

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