ADDITIONAL *INSURED* – *VOLUNTEERS*
(Direct Liability)
(For Use With LS-1, LS-3, LS-4, Or LS-5)

Refer to the Supplemental Declarations if information is not shown on this form.
We provide coverage under this This endorsement is subject to the ***terms*** contained in the Liability coverage ***your*** policy.

DEFINITION **DEFINITIONS**

The following additional ***insured*** is added to the definition applies to this policy form:

1. ***Insured***-The definition of ***insured*** in the Liability coverage.General Liability Coverage is amended to include ***your volunteers***, but only with respect to their duties for the conduct of ***your business***.

A volunteer to the named ***insured*** qualifies as additional ***insured*** while acting within the scope of his/her duties as a volunteer. The insurance afforded under this endorsement to the additional ***insured*** volunteer DOES NOT APPLY:

1. to ***bodily injury*** to:
a.an ***employee*** of the named ***insured*** arising out of or in the course of his/her employment; or

However, ***volunteers*** are not ***insureds*** for the following:

a. ***Bodily injury*** or ***personal and advertising injury*** to:
   1) ***You, your*** partners or members when ***you*** are a partnership or joint venture, or ***your*** members when ***you*** are limited liability company;
   2) Another ***volunteer***, but only with respect to their duties for the conduct of ***your business***;
   3) An ***employee***, but only with respect to their duties for the conduct of ***your business***;
   4) A spouse, child, parent or sibling of another ***employee*** or another ***volunteer*** as a result of ***bodily injury*** and ***personal and advertising injury*** described in 2) or 3) above;
   5) Any person to whom there is an obligation to share damages or repay damages to anyone as a result of ***bodily injury*** and ***personal and advertising injury*** described in 2), 3) or 4) above; or
   6) Any person arising out of the ***volunteer*** providing, or failing to provide, professional health care services.

b. the named ***insured*** or any director, officer, partner, or other principal if the named ***insured*** is a partnership, joint venture, corporation, limited liability company or similar entity.

2. to ***property******Property*** ***damage*** to property that is owned by, occupied, by, temporarily used by, rentedleased to, or in whichthe care, custody orand control is being exercised for any purpose byof:

a.an ***employee*** of the named ***insured***; or
b. the named ***insured*** or any director, officer, partner, or other principal if the named ***insured*** is
   1) ***You***, ***your employees*** or ***volunteers***;
   2) Any partner or member, when ***you*** are a partnership, or joint venture, corporation,; or
   3) Any member, when ***you*** are a limited liability company or similar entity.

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

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