COLLEGES OR SCHOOLS

~~Refer to the Supplemental Declarations if information is not shown on this form.~~
~~For an additional premium, *we* provide coverage under this~~This endorsement is subject to the ***terms*** contained in ***your*** policy.

~~**Schedule**~~

_____
_____
_____

DEFINITIONS

The following definition applies to this policy form.
1. The definition of ***insured*** in the General Liability Coverage~~.~~
~~**Additional *Insureds*:**~~
~~( ) Including Teachers and Staff~~

~~With respect to the operation of any college or school by or on behalf of the ***named insured***, the following provisions and/or ***EXCLUSIONS*** apply:~~
~~(1) ***Additional Insureds*** The definition of ***insured***~~ is amended to include as an ***insured*** any of the following while acting within the scope of ~~his/her~~ their college or school duties:~~-~~
~~(a) If the ***named insured*** is~~ a. When ***you*** are a private charitable or educational institution, any trustee or member of the Board of Trustees thereof;
~~(~~b~~) If the ***named insured*** is~~. When ***you*** are a public board or commission, any executive officer or member thereof; and
~~(~~c~~).~~ Any member of the teaching or administrative staff or other ***employee*** ~~of the ***named insured*** if an "x" is entered in the schedule in the block opposite "Including Teachers and Staff".~~
~~(2) ***First Aid*** The insurance under the Supplementary Payments provision for first aid does not apply to first aid to any student or pupil injured while engaged in any athletic activities (~~including ~~calisthenics, drills and gymnasium classes) directed or organized by any ***insured*** or by any person acting on behalf of the ***named insured***. Nor does the insurance apply to expenses for services provided by the ***named insured*** or his/her employees or by any person or organization under contract with the ***named insured*** to provide such services.~~ student teachers working to earn credit toward their education.
~~(3) ***Infirmaries, Clinics, Hospitals***~~

WHAT *WE* DO NOT PAY FOR

These exclusions apply unless specific coverage is added to ***your*** policy.
A. The following exclusion is added to Coverage L-***Bodily Injury*** And ***Property Damage***, and when applicable to ***your*** policy, Coverage P-***Personal And Advertising Injury*** Liability.
1. If the college or school ~~has~~owns or operates an infirmary, clinic or hospital with facilities for lodging and treatment~~ or a public clinic or hospital, the insurance does not apply~~, ***we*** do not pay for ***bodily injury***, ***property damage***, and when applicable to~~:~~ ***your*** policy, ***personal and advertising injury***, arising out of:
~~(~~a~~) the~~. The rendering of or ~~failure~~failing to render~~ medical~~:
1) Medical, surgical, dental, X-ray or nursing ~~services or~~service, treatment, advice or instruction, or the associated furnishing of food or beverages~~ in connection therewith;~~;
~~(b) any~~2) Any service~~ or~~, treatment, advice or instruction conducive to health or of a professional nature; or
~~(c) any~~3) Any cosmetic, personal grooming or ~~tonsorial~~skin care service~~ or~~, treatment~~,~~, advice or instruction;
~~(d) the~~b. The furnishing or dispensing of drugs or medical, dental, or surgical supplies or appliances; or
~~(e) the~~c. The handling or treatment of ~~or performing of autopsies on~~ dead bodies.

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~~(4) *Transportation of Students/Pupils* With~~ This exclusion applies even if the claims against an ***insured*** allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of other persons by an ***insured***.

B. The following exclusion is added to Coverage L-***Bodily Injury*** And ***Property Damage***.

1. Only with respect to the transportation of students or pupils, ~~exclusions (b) and (e) of the policy are~~the exclusion titled ***Automobile,*** **Aircraft,** ***Unmanned Aircraft*** **Or Watercraft** in the General Liability Coverage is deleted and replaced ~~by~~with the following:

~~The insurance does~~a. ***We*** do not ~~apply to~~pay for ***bodily injury*** or ***property damage*** arising out of the ownership, maintenance, operation, use, entrusting, loading or unloading of any ***automobile,*** aircraft, ~~***automobile***~~***unmanned aircraft*** or watercraft owned by, operated by or hired by ~~or for the~~an ***insured*** ~~or any officer, employer or member of the teaching, supervisory or administrative staff thereof.~~. For the purpose of this exclusion, the word ~~"~~hired~~" shall be deemed to~~ will include any contract to furnish transportation of students or pupils to and from schools.

This exclusion applies even if the claims against an ***insured*** allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of other persons by an ***insured***.

C. The following exclusion is added to Coverage M-Medical Payments.

1. ***We*** do not pay ***medical expenses*** for ***bodily injury*** to any student.

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

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