LEAD EXCLUSION

Refer to Supplemental Declarations if information is not shown on this form.
The amended coverage provided under this endorsement is subject to the ***terms*** contained in the General Policy Provisions.

Policy No. _____.
Named Insured _____.

WHAT *WE* DO NOT PAY FOR

The following exclusion is added to the EXCLUSIONS shown in the Liability Coverage:
We do not pay for loss resulting directly or indirectly from ***bodily injury***:

1. resulting from inhalation or ingestion of dust, chips or other residues of lead or lead based materials adorning the interior or exterior of the covered building(s);
2. resulting from ingestion of leaded leachate from plumbing systems comprising part of the ***insured premises***; or
3. resulting from ingestion of lead or residues of lead from the soil comprising a part of the ***insured premises***.