CARE PROVIDED FOR OTHERS

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 Policy Provisions.

WHAT *WE* PAY FOR

We pay for ***bodily injury*** and/or ***property damage*** arising out of the ***business*** of providing care for others (described below) which is conducted by an ***insured*** on the ***insured premises***.

Description of *Business*:

_____ _____

_____ _____

_____ _____

Number of Persons Receiving Care Services _____ _____

~~In addition to the Exclusions in the General Policy Provisions, the following Exclusions also apply:~~The following exclusions are added to the EXCLUSIONS shown in the Liability coverage.

WHAT *WE* DO NOT PAY FOR

We do not cover ***bodily injury*** and/or ***property damage*** arising out of:

~~a~~1. c orporal punishment, physical ~~or~~ abuse, mental abuse, sexual abuse, sexual harassment, or any form of discrimination inflicted ~~upon any person~~ by or at the direction of an ***insured***, an ***insured's employee*** or any other person involved in any capacity in the provision of care ~~activities;~~services;

~~b~~2. d raft or saddle animals, vehicles ~~for use therewith~~, trailers, aircraft, ***automobiles***, recreational motor vehicles or watercraft; and

~~1) owned, operated~~3. a ny other actual or ~~hired~~alleged criminal action(s) inflicted upon any person by or ~~for~~at the direction of an ***insured*** ~~or~~ , an ***insured's employee***~~;~~ or

~~2) used by~~ any other person involved in any capacity in the ~~***insured*** for the purpose of instruction~~care services.

We do not cover ***bodily injury*** to an ***employee*** of an ***insured*** arising out of the ***business*** ~~use~~ described above, other than ***bodily injury*** incurred by a person while performing duties as a domestic ***employee*** of an ***insured***.

The following additional condition applies:

~~Annual ***Aggregate*** Limit Regardless of the number of ***occurrences***, ***Insureds***, claims made or persons injured, ***our*** total limit of liability in any one policy year for Coverage L and Coverage M (if applicable) provided by this endorsement will not exceed:~~

~~☐ the amount shown for Coverage L on the Declarations page; or~~

~~☐ $ _____~~

Aggregate Limit-the aggregate limit is $ _____. With respect to Coverage L and Coverage M (if applicable), the aggregate limit is the maximum ***we*** pay in any annual period without regard to the number of ***occurrences***, ***insureds***, claims made or persons injured.