CARE PROVIDED FOR OTHERS

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

SCHEDULE

Description ***of***Of ***Business***:

_____

_____

_____

Number ***of***Of Persons Receiving Care Services: _____

Aggregate Limit Of Liability: $_____

WHAT *WE* PAY FOR

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

1. ***We*** pay for ***bodily injury*** or ***property damage*** arising out of the ***business*** of providing care for others (described below)shown in the Schedule, which is conducted by an ***insured*** on the ***insured*** premises ***you*** own or rent.

In addition to the Exclusions in the General Policy Provisions, the following Exclusions also apply:

WHAT *WE* DO NOT PAY FOR

The following exclusions are added to Coverage L-***Bodily Injury*** And ***Property Damage***,

1. ***We*** do not cover ***bodily injury*** or ***property damage*** arising out of:
   a. corporalCorporal punishment, physical or, mental or sexual abuse 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 care activitiesfor others;
   b. draftActual or alleged criminal actions 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 care for others;
   c. The ownership, use, boarding, breeding, training, stabling, grooming or other similar activities conducted at any location with respect to saddle animals, vehicles for use therewith, aircraft, ***automobiles***, owned or used by, or rented to ***you*** or rented to others by or through ***you***; or
   d. The ownership, maintenance, operation, use, entrusting, loading or unloading of any recreational motor vehicles or watercraft; vehicle owned or used by, or rented to ***you*** or rented to others by or through ***you***.

1) owned, operated or hired by or for the ***insured*** or employee; or
2) used by the ***insured*** for the purpose of instruction.

We do not cover ***bodily injury*** to an employee of an ***insured*** arising out of the ***business*** use described above other than a person while performing duties as a domestic employee of an ***insured***.
The following additional condition applies:
Annual

HOW MUCH *WE* PAY FOR LOSS OR CLAIM

This section is in addition to all applicable provisions of How Much ***We*** Pay For Loss Or Claim in ***your*** policy. Settlement of Care Provided To Others losses covered by this endorsement will be made in accordance with the following provisions:

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1. The Aggregate Limit ~~Regardless of the number of ***occurrences***, ***Insureds***, claims made or persons injured, ***our*** total~~ Of Liability shown in the Schedule is the most ***we*** pay for damages during a policy period for Care Provided To Others.
2. The Each ***Occurrence*** limit of liability ~~in any one policy year for~~ shown in the Declarations, subject to 1. above, is the most ***we*** pay for damages for Care Provided To Others arising out of a single ***occurrence***.

3. Payments made under Care Provided To Others, as stated in 1. and 2. above, will reduce the Coverage L ~~and Coverage M (if applicable) provided by this endorsement will not exceed:~~each ***occurrence*** and aggregate limits of liability.

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

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

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