CARE PROVIDED FOR OTHERS

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 General Policy Provisions. ***your*** policy.

SCHEDULE

Description Of ***Business***:

_____

_____

_____

Number 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*** and/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.

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*** and/or ***property damage*** arising out of:
   1. corporala. Corporal punishment, physical abuse, mental abuse,or 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 services; for others;
   2. draft or saddle animals, vehicles, trailers, aircraft, ***automobiles***, recreational motor vehicles or watercraft; and
   3. any other actual b. Actual or alleged criminal action(s)actions inflicted upon any person by or at the direction of an ***insured***, an ***insured's***
      insured's employee or any other person involved in any capacity in the care services.for others;

We do not cover ***bodily injury*** to an ***employee*** of an ***insured*** arising out of the ***business*** 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:
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.

   c. The ownership, use, boarding, breeding, training, stabling, grooming or other similar activities conducted at any location with respect to saddle animals 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 vehicle owned or used by, or rented to ***you*** or rented to others by or through ***you***.

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:

1. The Aggregate Limit Of Liability shown in the Schedule is the most ***we*** pay for damages during a policy period for Care Provided To Others.

© 2020 URB®

2. The Each ***Occurrence*** limit of liability 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 each ***occurrence*** and aggregate limits of liability.

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

© 2020 URB®