COVERAGE APPLICABLE TO DESIGNATED PREMISES OR PROJECT ONLY

Refer to Supplemental Declarations if information is not shown on this form.
The exclusion under this endorsement is subject to the ***terms*** contained in the ~~General~~ Liability ~~Coverage~~coverage.

WHAT *WE* DO NOT PAY FOR

The following exclusion is added to the EXCLUSIONS shown in the ~~General~~ Liability ~~Coverage.~~coverage:
We do not pay for ***bodily injury***, ***property damage***, ***personal injury***, ***advertising injury*** or ***medical expense***, as is applicable, arising out of the ownership, maintenance or use of any premises, other than those scheduled below, and operations necessary and incidental to those premises.

SCHEDULE

1. Covered Premises:

2. Covered Projects: