~~COVERAGE APPLICABLE TO~~ DESIGNATED PREMISES OR ~~PROJECT~~PROJECTS ONLY

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

SCHEDULE

1. ~~Covered Premises~~Designated premises:

2. ~~Covered Projects~~Designated projects:

WHAT *WE* DO NOT PAY FOR

The following exclusion is added to ~~the **EXCLUSIONS** shown in the General Liability~~ Coverage L-***Bodily Injury*** And ***Property Damage***, and when applicable to ***your*** policy, Coverage P-***Personal And Advertising Injury*** Liability.
1.***We*** do not pay for ***bodily injury***~~,~~ or ***property damage***, and when applicable to ***your*** policy, for ***personal ~~injury~~,and advertising injury*** ~~or ***medical expense***, as is~~
~~applicable~~, arising out of ~~the ownership, maintenance or use of~~ any premises~~, other than~~ or projects, except for those ~~scheduled below~~designated in the Schedule, and
the operations necessary ~~and~~or incidental to those premises or projects.

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

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