~~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 Liability coverage~~***your*** policy.

SCHEDULE

1. Designated premises: ~~Covered Premises:~~

2. Designated projects: ~~Covered Projects:~~

WHAT *WE* DO NOT PAY FOR

The following exclusion is added to ~~the EXCLUSIONS shown in the~~ Coverage L-***Bodily Injury*** And ***Property Damage***, and when applicable to ***your*** policy, Coverage P-***Personal And Advertising Injury*** Liability ~~coverage:~~.

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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