DISCRIMINATION CLARIFICATION

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

WHAT *WE* DO NOT PAY FOR

The following clarification is added to the ~~General~~ Liability ~~Coverage~~coverage.
We do not pay for ***bodily injury*** or ***personal injury*** or costs from the actual or alleged discrimination of any person(s~~)~~), based on age, color, creed, ~~ethnic background~~ethnicity, gender, physical or mental ~~handicap~~disability or infirmity, race, religious preference, sexual orientation or other similar discrimination.