COVERAGE APPLICABLE TO DESIGNATED OPERATIONS 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 any operation performed by or on behalf of the ***insured***, except as listed below.

SCHEDULE

1. Designated Operations:
   1) _____
   2) _____
   3) _____
   4) _____