~~COVERAGE APPLICABLE TO~~ DESIGNATED OPERATIONS 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. Designated ~~Operations~~operations:

~~1)~~
~~2)~~
~~3)~~
~~4)~~

WHAT *WE* DO NOT PAY FOR

The following exclusion is added to ~~the **EXCLUSIONS** shown in the General~~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 any ~~operation performed~~operations, except for those designated in the Schedule.
   This exclusion applies even if the operations are conducted by ***you*** or on ***your*** behalf ~~of the ***insured***, except as listed below.~~, or whether they are conducted for ***you*** or others.

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

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