ADDITIONAL *INSUREDS*

Refer to Supplemental Declarations if information is not shown on this form.
We provide coverage under this endorsement subject to the ***terms*** contained in the General Policy Provisions.

Name and ~~Address~~address of ~~Person~~persons or ~~Organization~~organizations:

~~Interest:~~

~~Location on Premises:~~

The definition of ***insured*** includes the ~~person~~persons or organization named in this endorsement as their interest appears (if indicated as applying) with respect to:

- ☐ Coverage A-Residence,
- ☐ Coverage B-Related Private Structures on the Premises,
- ☐ Coverage C-Personal Property,
- ☐ Coverage E-Farm Personal Property,
- ☐ Coverage F-Farm Barns, Buildings and Structures,
- ☐ Coverage L-Personal Liability, and
- ☐ Coverage M-Medical Payments to Others.

Additional Coverage-Specify:

- ☐
- ☐
- ☐

CONDITIONS THAT APPLY TO COVERAGES L and M

Coverage applies ~~only with respect to~~:

1. separately to the ~~premises shown in this endorsement.~~

~~This coverage does not apply to ***bodily injury*** to any employee arising out~~operations, activities and property of ~~or in the course of his or her employment by a~~each person or organization ~~named in this endorsement.~~; and

2. collectively to each person or organization, with respect to operations and property.

WHAT *WE* DO NOT PAY FOR

This agreement is applicable only when Coverage L and Coverage M are checked above:

This endorsement limits coverage for additional ***insured(s)*** to their vicarious liability arising from the hazards covered by this policy. ***We*** do not provide coverage for any liability arising out of any acts or omissions of any additional ***insured(s)***, their employees or any other person or organization with which the additional ***insured*** has a contract or other relationship.