ADDITIONAL *INSUREDS*

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

Name and Address of Person or Organization:

Interest:

~~Location of Premises:~~
Location on Premises:

The definition of ***insured*** includes the person or organization named in this endorsement as thetheir 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.

~~***Conditions that Apply to Coverages L and M***~~ Additional Coverage-Specify:
☐
☐
☐

CONDITIONS THAT APPLY TO COVERAGES L and M
Coverage applies only with respect to the premises shown in this endorsement.
This coverage does not apply to ***bodily injury*** to any employee arising out of or in the course of his or her employment by the a person or organization named in this endorsement.

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.