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 and the appropriate Liability Coverage.

Name and Address of Person or Organization:
_____
_____
_____
Interest:
_____
Location of Premises:
_____
_____
The definition of ***insured*** includes the persons or organization named in this endorsement as their interest appears with respect to:

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

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 and in the course of his or her employment by the person or organization named in this endorsement.

WHAT *WE* DO NOT PAY FOR
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.

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