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 persons or organizations:

The definition of ***insured*** includes the 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-Scheduled 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~~.

Additional Coverage-Specify:

- ☐
- ☐
- ☐

CONDITIONS THAT APPLY TO COVERAGES L and M
Coverage applies:

1. separately to the operations, activities and property of each person or organization; 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.

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