ADDITIONAL *INSUREDS*

Refer to the Supplemental Declarations if information is not shown on this form.

For an additional premium, ***we****We* provide coverage under this endorsement subject to the ***terms*** contained in the General Policy Provisions.

Partners or Co-owners:

1.

2.

3.

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 L—Personal Liability, and
___Coverage M—Medical Payments to Others.

Conditions that Apply to Coverages L and M
CONDITIONS THAT APPLY TO COVERAGES L and M

Coverage applies:

___ 1.— separately to the non-partnership operations, activities and property of each partnerperson or organization; and

___ 2.— collectively to the partnership and all partnerseach person or organization, with respect to partnership operations, activities and property.

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.