INCIDENTAL BUSINESS PURSUITS
Including Products Liability
(Liability Coverage Section Only)

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

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

WHAT *WE* PAY FOR

Coverage L—Personal Liability and **Coverage M—Medical Payments to Others** are extended to include the ***business*** activities of the ***Insured(s)*** named below, in connection with the ***insured premises***.

Name of *Insured(s)*	**Business**	**Estimated Receipts**

This doesThese coverages do not apply to liability:

1. resulting from activities in connection with an ***insured's business***, other than the ***business*** shown above;
2. resulting from the rendering of or failure to render professional services of any nature; or
3. resulting from any contractual obligation, assumed, entered into or for which ***you*** or ***your*** agents and employees may be legally be held responsible.
liable.