INCIDENTAL BUSINESS PURSUITS
Excluding 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 does~~These 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;
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; or
4. resulting from ***your*** products manufactured, sold, handled or distributed in connection with: (a) the use of the ***insured premises;*** or (b) any operation, described in this endorsement, conducted by ***you*** or on ***your*** behalf.