ADDITIONAL INSURED

Refer to Supplemental Declarations if information is not shown on this form.
The coverage under this endorsement is subject to the ***terms*** contained in the General Policy Provisions.

Name and Address of Person or Organization: _____

_____

Interest: _____

_____

Location of Premises: _____

_____

The definition of ***insured*** includes the person or organization named in this endorsement with respect to:
Coverage A - Residence,
Coverage B - Related Private Structures on the Premises.