ADDITIONAL INSURED

Refer to the Supplemental Declarations if information is not shown on this form.
~~The~~*We* provide 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,
Coverage L—Personal Liability, and
Coverage M—Medical Payments to Others

Conditions That Apply To Coverages L and M
Coverage applies only with respect to the premises shown in this endorsement.
This coverage does not apply to ***bodily injury*** to any employee arising out of or in the course of his ~~or~~/ her employment by the person or organization named in this endorsement.