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:

Interest:

Location of Premises:

The definition of ***insured*** includes the personpersons 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

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 orand in the course of his or her employment by the person or organization named in this endorsement.

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.