ADDITIONAL INSURED

Refer to the Supplemental Declarations if information is not shown on this form.
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 ~~persons~~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 ~~and~~or 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.~~