OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR STUDIO USE-*INSURED PREMISES*

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.

~~This policy covers~~***We*** cover the following ***business*** which is conducted by an ***insured*** on the ***insured premises***:

(Description of *Business*)

The ***business*** is conducted ~~in either~~:
☐ at the ***residence*** covered under Coverage A; or
☐ at a related private structure on the ***insured premises*** (describe).

PROPERTY COVERAGES

1. ~~If~~When the ***business*** is conducted ~~in a~~ at the related private structure ~~as~~ described above, ***we*** cover the structure for direct loss ~~caused~~ by ~~perils insured against as described and limited in the Perils~~causes of loss covered in the Causes of Loss Section.
   We pay no more than the ~~limit of liability~~amount of insurance shown ~~in this endorsement~~below.

   ~~Limit of Liability~~ Amount of Insurance $ _____.
   ~~Neither~~ When this endorsement is in effect, neither Coverage A nor Coverage B of ***your*** policy applies to this structure.

2. Under Coverage C ~~-~~ Personal Property ~~Under 5.~~ the section titled Limitations on Certain Property, "The following property is covered only while on the ***insured premises*** and is limited to the amounts stated:" item ~~i.~~a. is amended as follows: The $500 limitation for ***business*** property on the ***insured premises*** does not apply to furnishings, supplies and equipment pertaining to the ***business*** described in this endorsement.

LIABILITY COVERAGE SECTION

Medical Payments To Others: included ☐

1. Medical Payments To Others coverage does not apply under this endorsement unless shown as included by an 'x' in the box.
2. Under Incidental Liability and Medical Payments Coverages, the following item is added to ~~7.~~the section titled Incidental Business coverage:
   f. ***business*** activities of an ***insured*** which pertain to the use of the ***insured premises*** as described in the Office, Professional, Private School or Studio Use endorsement.
3. If Medical Payments To Others coverage is shown above as included, exclusion b. under ~~3.~~the section titled Exclusions that Apply only to Medical Payments To Others does not apply to the ***business*** described ~~in this endorsement~~above.
4. This insurance does not apply to ***bodily injury*** to:
   a. an employee of an ***insured*** arising out of the business use described above, other than a person while performing duties as a ***domestic employee*** of an ***insured***; or
   b. a pupil arising out of corporal punishment administered by or at the direction of ~~the~~an ***insured***.