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 and the appropriate Liability Coverage.

We cover the following ***business*** which is conducted by an ***insured*** on the ***insured premises***:

_____

(Description of *Business*)

The ***business*** is conducted:

☐ at the ***residence*** covered under Coverage A; or
☐ at a related private structure on the ***insured premises*** (describe).

_____

PROPERTY COVERAGES

1. When the ***business*** is conducted at the related private structure described above, ***we*** cover the structure for direct loss by causes of loss covered in the Causes of Loss Section applicable to Coverage B.
   We pay no more than the amount of insurance shown below.

   Amount of Insurance $ _____.

   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-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 a. is amended as follows: The~~ $500 limitation for ***business*** property of any ***insured*** 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,~~We pay for ***bodily injury*** or ***property damage*** resulting from the ~~following item is added to 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~~this endorsement.
3. If Medical Payments ~~To Others~~ coverage is shown above as included, ~~exclusion b. under the section titled Exclusions that Apply only~~coverage applies to ***bodily injury*** to ~~Medical Payments To Others does not apply to~~any eligible person while on the ***insured premises*** because the ***business*** described above is conducted there.
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 an ***insured*** or;
   c. to an ***insured*** or other person regularly residing on the ***insured premises***.

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