OFFICE, PROFESSIONAL, PRIVATE SCHOOL OR STUDIO USE - OTHER PREMISES (Liability Coverage Section Only)

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 premises described below:

_____

(Description of *Business*)

_____

(Address)

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.
4. This insurance does not apply to ***bodily injury*** to:
   a. an employee of an ***insured*** arising out of the ***business*** use described in this endorsement 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***.