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 and the appropriate Liability Coverage.

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"~~'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 to Medical Payments to Others does not apply to~~coverage applies to ***bodily injury*** to any eligible person while on the ***insured premises*** because the ***business*** described ~~in this endorsement.~~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 ~~in this endorsement~~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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