ADDITIONAL RESIDENTIAL PREMISES-RENTED TO OTHERS LIABILITY COVERAGE 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.

This endorsement applies only to the coverages shown below.

☐ (Applies) **Coverage L ~~Personal Liability~~**
The premises shown below are the ***insured premises*** for Coverage L ~~Personal Liability~~ only.

Coverage M ~~Medical Payments to Others~~
Coverage M ~~Medical Payments to Others~~ applies only to ***bodily injury*** to a person while performing duties as a ***domestic employee*** of an ***insured***.

☐ (Applies) **Coverage L ~~Personal Liability~~ and Coverage M ~~Medical Payments to Others.~~**
The premises shown below are ***insured premises*** for both Coverage L ~~Personal Liability~~ and Coverage M ~~Medical Payments to Others~~.

Location	**Number of Families**

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