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**
The premises shown below are the ***insured premises*** for Coverage L only.

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

☐ (Applies) **Coverage L and Coverage M**
The premises shown below are ***insured premises*** for both Coverage L and Coverage M.

Location	**Number of Families**

WHAT WE DO NOT PAY FOR

The following exclusion is added to the **EXCLUSIONS** shown in the Liability Coverage:
We do not pay for loss resulting directly or indirectly from ***bodily injury***:

1. resulting from inhalation or ingestion of dust, chips or other residues of lead or lead based materials adorning the interior or exterior of the covered building(s);
2. resulting from ingestion of leaded leachate from plumbing systems comprising part of the ***insured premises***; or
3. resulting from ingestion of lead or residues of lead from the soil comprising a part of the ***insured premises***.

ADDITIONAL CONDITIONS

The following conditions apply when this endorsement is in effect:

1. This exclusion applies to those ***residences*** used or held for ***business*** pursuits.
2. This exclusion does not apply to ***residences*** newly constructed after 1980.
3. This exclusion does not apply to residences that are certified as having undergone total lead abatement or have been otherwise tested and certified as being lead free.

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