ADDITIONAL *INSURED*

Refer to the ~~Supplemental~~ Declarations if information is not shown on this form.
The coverage under this endorsement is subject to the ***terms*** contained in ~~the General Policy Provisions~~***your*** policy.

Name and address of person or organization:

Interest:

Location of ***insured premises***:

The definition of ***insured*** includes the person or organization named in this endorsement as ~~the~~their interest ~~appears (if indicated or applying)~~may appear with respect to:

_____

_____

☐ Coverage A~~—~~ Building ~~:~~
~~(~~Specify as to which building coverage applies~~).~~:

_____

☐ Coverage B~~—~~ ***Business*** Property~~:~~
~~(~~Specify as to which ***business*** property coverage applies~~).~~:

~~☐~~

Additional coverage~~-~~, specify:

_____
_____

☐

☐

☐

© 2016 URB®

All other ***terms*** and conditions remain unchanged.

© 2016 URB®