



## 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.

Name and Address of Person or Organization:

Interest:

Location of Premises:

The definition of *insured* includes the person or organization named in this endorsement as the interest appears with respect to:

Coverage A—Residence

Coverage B—Related Private Structures on the Premises

Coverage E—Farm Personal Property

Coverage F—Farm Barns, Buildings and Structures

Coverage L—Personal Liability

Coverage M—Medical Payments to Others

### *Conditions that Apply to Coverages L and M*

Coverage applies only with respect to the premises shown in this endorsement.

This coverage does not apply to *bodily injury* to any employee arising out of or in the course of his or her employment by the person or organization named in this endorsement.