



ADDITIONAL RESIDENTIAL PREMISES-RENTED TO OTHERS 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.

This endorsement applies only to the coverages indicated below.

(Applies) ***Coverage L-Personal Liability***

The premises described below are *insured premises* under this policy 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 described below are *insured premises* under this policy for both Coverage L-Personal Liability and Coverage M-Medical Payments to Others.

Location

**Number of
Families**