



## ADDITIONAL *INSUREDS*

Refer to Supplemental Declarations if information is not shown on this form.

**We** provide coverage under this endorsement subject to the **terms** contained in the General Policy Provisions and the appropriate Liability Coverage.

Name and Address of Person or Organization:

Interest:

Location of Premises:

The definition of **insured** includes the persons or organization named in this endorsement as their 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 G-Unscheduled Farm Personal Property
- Coverage L, and
- Coverage M.

### 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 and in the course of his or her employment by the person or organization named in this endorsement.

### WHAT **WE** DO NOT PAY FOR

This endorsement limits coverage for additional **insured(s)** to their vicarious liability arising from the hazards covered by this policy. **We** do not provide coverage for any liability arising out of any acts or omissions of any additional **insured(s)**, their employees or any other person or organization with which the additional **insured** has a contract or other relationship.