



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.

This endorsement applies only to the coverages shown below.

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

The premises shown below are the *insured premises* 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 shown below are *insured premises* for both Coverage L-Personal Liability and Coverage M-Medical Payments to Others.

Location

**Number of
Families**