

ADDITIONAL INSURED

Name and Address of Person or Organization: *

Interest: *

The definition of "insured" in this policy includes the person or organization named above with respect to:

Coverage L – Personal Liability and Coverage M – Medical Payments to Others but only with respect to the "insured location" shown below.

This coverage does not apply to "bodily injury" to any employee arising out of or in the course of the employee's employment by the person or organization.

If this policy is cancelled or not renewed by us, the party named above will be notified in writing.

Location *

* Entries may be left blank if shown elsewhere in this policy for this coverage.

All other provisions of this policy apply.