

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASSISTED LIVING CARE COVERAGE

SCHEDULE*

Name Of Relative(s)	Name And Location Of Residency	Limit Of Liability
		Coverage L

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

AGREEMENT

We will insure the person named in the Schedule above for the coverages provided under Coverage **L** – Personal Liability in the policy form, subject to the limits of liability shown in the Schedule.

It is agreed that such person:

1. Is related to an "insured" by blood, marriage or adoption;
2. Is not a member of your household; and
3. Regularly resides in the living care facility (facility) named in the Schedule.

It is also agreed that such facility provides assisted living services such as dining, therapy, medical supervision, housekeeping and social activities.

It is further agreed that you will represent the person named in the Schedule, and will act in all matters pertaining to the provisions of this endorsement.

This insurance is excess over any other applicable insurance covering the same loss.

LIABILITY COVERAGES

Coverage **M** – Medical Payments To Others does not apply to this endorsement.

EXCLUSIONS

With respect to the coverage provided by this endorsement, the following exclusion is added:

Coverage **L** does not apply to:

1. Liability assumed by the facility prior to an "occurrence"; or
2. "Bodily injury" to a care facility professional or support staff that occurs while such person is on or off duty and attending to the person named in the Schedule.

GENERAL CONDITIONS

All additional coverages, exclusions and conditions of this policy that apply to an "insured" also apply to the person named in the Schedule.