POLICY NUMBER: HOMEOWNERS
HO 04 41 10 00

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## **ADDITIONAL INSURED**

**RESIDENCE PREMISES** 

#### **SCHEDULE\***

Name And Address Of Person Or Orga	nization		
Interest			
*Entries may be left blank if shown else	where in this policy fo	r this coverage	

#### **DEFINITIONS**

Definition **5.** which defines "insured" is extended to include the person or organization named in the Schedule above, but only with respect to:

- Coverage A Dwelling and Coverage B Other Structures; and
- Coverage E Personal Liability and Coverage F Medical Payments To Others but only with respect to "bodily injury" or "property damage" arising out of the ownership, maintenance or use of the "residence premises".

#### **SECTION II – EXCLUSIONS**

This coverage does not apply to "bodily injury" to an "employee", "residence employee" or a temporary employee furnished to the "insured" to substitute for a permanent "residence employee" arising out of or in the course of the employee's employment by the person or organization.

# CANCELLATION AND NONRENEWAL NOTIFICATION

If we decide to cancel or not to renew this policy, the person or organization named in the Schedule will be notified in writing.

All other provisions of this policy apply.