

## CARE PROVIDED FOR OTHERS

(The information required below may be shown on a separate schedule or on the Declarations.)

This policy covers the **business** of providing care for others described below which is conducted by an **insured** on the **insured premises**.

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### DESCRIPTION OF BUSINESS

Number of persons receiving care services: \_\_\_\_\_

The **business** is conducted in either:  the **residence** covered under Coverage A; or  
 a related private structure on the **insured premises**.

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### DESCRIPTION OF RELATED PRIVATE STRUCTURE

1. If the **business** is conducted in a related private structure as described above, **we** cover the structure for direct physical loss caused by perils insured against as described and limited in this policy. **We** pay no more than the limit of liability shown in this endorsement.

\$ \_\_\_\_\_  
LIMIT OF LIABILITY

Neither Coverage A nor Coverage B apply to this structure.

2. Under **Limitations on Certain Property**, the **limit** that applies to **business** property while on the **insured premises** does not apply to furnishings, supplies and equipment pertaining to the **business** described in this endorsement.

3. Under **Incidental Liability Coverages**, the following item is added to Business:

**business** activities of an **insured** that pertain to the use of the **insured premises** as described in the Care Provided For Others endorsement.

4. Under **Exclusions That Apply Only To Coverage M**, the exclusion that applies to a person who is on the **insured premises** because a **business** is conducted or professional services are rendered on the **insured premises** does not apply to the **business** described in this endorsement.

5. The following additional exclusions apply:

**We** do not cover **bodily injury** or **property damage** arising out of:

a. corporal punishment, physical or mental abuse inflicted upon any person by or at the direction of an **insured**, an **insured's** employee or any other person involved in any capacity in the care activities;

b. draft or saddle animals, vehicles for use therewith, aircraft, **motor vehicles**, **recreational motor vehicles** or watercraft:

- 1) owned, operated or hired by or for the **insured** or employee; or
- 2) used by the **insured** for the purpose of instruction.

**We** do not cover **bodily injury** to an employee of an **insured** arising out of the **business** use described above other than a person while performing duties as a **domestic employee** of an **insured**.

6. The following additional condition applies:

**Annual Aggregate Limit** -- Regardless of the number of **occurrences**, **insureds**, claims made or persons injured, **our** total limit of liability in any one policy year for Coverage L and Coverage M provided by this endorsement will not exceed:

the amount shown for Coverage L on the Declarations page; or

\$ \_\_\_\_\_.

All other **terms** of the policy apply.