

**ADDITIONAL RESIDENTIAL PREMISES RENTED TO OTHERS
LIABILITY COVERAGE ONLY**

(The entries required to complete this endorsement
will be shown below or on the "declarations".)

Location	Number of Families
1.	
2.	
3.	
4.	
5.	

The premises described above are "insured premises" under this policy for both Coverage L – Personal Liability and Coverage M – Medical Payments to Others.