This endorsement changes the
Personal Liability or Farm Personal Liability
Coverage provided by this policy
-- PLEASE READ THIS CAREFULLY --

CARE PROVIDED FOR OTHERS COVERAGE

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

Coverage applies to the **business** of providing care for others described below which is conducted by an **insured** on the **insured premises**.

_____

(DESCRIPTION OF BUSINESS)

_____

_____

Number of persons receiving care services: _____

1. Under **Incidental Personal 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 Coverage endorsement.

2. Under **Additional 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.

3. 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; or
    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**.

4. 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.