

OREGON MUTUAL INSURANCE COMPANY BUSINESSOWNERS ADDITIONAL INSURED - MANAGERS OR LESSORS OF PREMISES

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE*
Designation Of Premises (Part Leased To You)
Name Of Person Or Organization (Additional Insured):
Additional Premium:
*Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations

- A. The following is added to Paragraph C. Who Is An Insured in Section II – Liability:
 - **3.** The person or organization shown in the Schedule is also an insured, but only with respect to liability arising out of the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule.
- **B.** The following exclusions are added to **Section II Liability:**

This insurance does not apply to:

- 1. Any "occurrence" that takes place after you cease to be a tenant in the premises described in the Schedule.
- 2. Structural alterations, new construction or demolition operations performed by or for the person or organization designated in the Schedule.