

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

## **ADDITIONAL INSURED – BUILDING OWNER**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

### **SCHEDULE**

<b>Premises Number:</b>	<b>Building Number:</b>
<b>Building Description:</b>	
<b>Building Owner Name:</b>	
<b>Building Owner Address:</b>	
<b>Premises Number:</b>	<b>Building Number:</b>
<b>Building Description:</b>	
<b>Building Owner Name:</b>	
<b>Building Owner Address:</b>	
<b>Premises Number:</b>	<b>Building Number:</b>
<b>Building Description:</b>	
<b>Building Owner Name:</b>	
<b>Building Owner Address:</b>	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

The following is added to **Section I – Property:**

The building owner identified in this endorsement is a Named Insured, but only with respect to the property coverage provided by this insurance for direct physical loss or damage to the building(s) described in the Schedule.