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LIMITED LIABILITY COMPANY ENDORSEMENT

Name of Limited Liability Company

Subject to all provisions of this policy, we agree to provide **bodily injury, personal injury** and **property damage** coverage for the Limited Liability Company named in this endorsement for liability directly related to the ownership, maintenance or use of the premises described below. This coverage applies so long as the named **insured** and any **family members** remain members and managers of the Limited Liability Company.

However, the coverage provided by this endorsement terminates if additional members or managers are added without our permission.

Location of premises:

This endorsement is effective:

HOUR MONTH DAY YEAR
(Time and date of signature)

POLICY NUMBER:

Accepted: _____
(Signature of person named in the Declarations)

Accepted: _____
(Signature of person named in the Declarations)

This endorsement is executed by the company stated in the Declarations.

_____
Authorized Representative