

SPECIMEN

This endorsement, effective 12:01 A.M. 11/11/77 forms a part of
Policy No. EAL 777 77 77 issued to ???
by American Home Assurance Company

CHILD CARE ATTENDANTS ENDORSEMENT

In consideration of the premium charged, it is hereby understood and agreed that Exclusion 1 is amended to read as follows:
for damage to or destruction of any property, including the loss of use thereof;

It is further understood and agreed that the following Exclusion 4 is hereby added to the policy:

for bodily injury to, or sickness, disease or death of any persons, except when acting as a private personnel placement service for the following occupations and coverage shall only apply for ninety (90) days from the date of placement:
Nanny, Babysitter, American Au Pair, Parent's Helper, Child Care Attendant.

It is further understood and agreed that the following Exclusions are hereby added to the policy and the Company shall not be liable to make any payment in connection with any claim made against the Insured:

- 5. arising out of services performed which are beyond the scope of those which may legally be performed by the person performing them; however, this exclusion shall not apply to any other Insured who negligently failed to verify proper legal qualification of the person performing such services;
- 6. arising out of services as a proprietor, superintendent or executive officer of any hospital, sanitarium, clinic, nursing or convalescent home, or home for infirmed persons;
- 7. arising out of the ownership, maintenance, operation, use, loading or unloading of any automobile, trailer or semi-trailer, or any other land vehicle (whether or not self-propelled), watercraft or aircraft;
- 8. arising out of bodily injury to, or sickness, disease or death of any employee of any Insured arising out of and in the course of his employment by any Insured, or to any obligation of the Insured to indemnify another because of damages arising out of such bodily injury, sickness, disease or death.

All other terms and conditions of the policy shall remain unchanged.

Be advised that should this endorsement Form OCA be added to the policy, coverage afforded by such shall only remain in effect through the expiration date of the policy. The Company does not guarantee that this Form OCA will be included at renewal should a renewal policy be issued.

I do hereby understand and agree to the conditions of this coverage form.

Signature of Corporate Officer _____

Title _____ Date _____