

**SCHEDULE OF ADDITIONAL INTEREST(S)**

Named Insured HOSPICE OF SOUTHERN MAINE

Effective Date: 10-01-15

12:01 A.M., Standard Time

Agency Name Glatfelter Underwriting Services, Inc.

Addl Insured  
GORHAM SAVINGS LEASING GROUP, LLC  
AND/OR IT'S ASSIGNEE  
63 MARGINAL WAY  
PORTLAND, ME 04101 ✓

Addl Insured  
CITY OF PORTLAND, PARKS & RECREATION  
134 CONGRESS ST  
PORTLAND, ME 04101 ✓

Addl Insured  
GGP-MAINE MALL, LLC AND ITS DIRECT AND INDIRECT PARENTS AND  
SUSIDIARIES, ANY OF THEIR AFFILIATED ENTITIES, SUCCESSORS AND ASSIGNS  
AND ANY CURRENT OR FUTURE DIRECTOR, OFFICER, EMPLOYEE, PARTNER, MEMBER  
OR AGENT OF ANY OF THEM  
364 MAINE MALL RD  
S PORTLAND, ME 04106 ✓

Addl Insured  
CITY OF PORTLAND, PARKS & RECREATION  
134 CONGRESS ST  
PORTLAND, ME 04101 ✓  
DESCRIPTION AS RESPECTS TWILIGHT IN THE PARK

Addl Insured  
A&M PARTNERS, INC  
120 EXCHANGE STREET  
PORTLAND, ME 04101 ✓

Addl Insured  
SAMOSET CAMP  
1 SAMOSET ROAD  
CASCO, ME 04015 ✓  
DESCRIPTION AS RESPECTS EMPLOYEE OUTING AT CAMP

Addl Insured  
MAINE SENIOR GUIDE  
PO BOX 48  
FREEPORT, ME 04032 ✓  
DESCRIPTION SENIOR EXPO EVENT

Addl Insured  
ST. MAXAMILLIAN COLBY PARISH  
150 BLACKPOINT ROAD  
PO BOX 57  
SCARBOROUGH, ME 04074 ✓  
DESCRIPTION TRAINING

Addl Insured  
ATRIA MANAGEMENT COMPANY LLC C/O ATRIA SENIOR LIVING  
401 SOUTH 4TH STREET STE 1900  
LOUISVILLE, KY 40202 ✓  
DESCRIPTION CONTRACT FOR SERVICE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

HOSPICE AND HOME HEALTH CARE LIABILITY COVERAGE FORM

### SCHEDULE

Name of Person(s) or Organization(s):

**“See Additional Interest Schedule”**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations.)

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for injury or damage caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.