

THIS IS A SAMPLE ONLY

Endorsement: Additional Insured Information

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

Please Note: The policy numbers on the endorsement and the certificate of liability must be identical. If the policy numbers do not match, we will not accept either document.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

*City of San Juan Capistrano, its officials, employees and agents
% Community Services Department
25925 Camino del Avion
San Juan Capistrano, Ca 92675*

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work: for that insured by or for you.