

# SAMPLE

Reproduction of Insurance Services Office, Inc. Form

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
ISSUE DATE:

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:

**THE CITY OF EL SEGUNDO, ITS OFFICERS, OFFICIALS, EMPLOYEES,  
AGENTS & VOLUNTEERS**

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

**This insurance will be deemed "primary" such that any other insurance that may be carried by City of El Segundo will be excess thereto. This insurance will be on an "occurrence", not a "claims made," basis or equivalent.**

**It is agreed that this insurance will not be canceled, not renewed or the limits of coverage in any way reduced without at least (30) days advance written notice ten (10) days for non-payment of premium sent by certified mail, return receipt requested to:**

**CITY OF EL SEGUNDO CITY CLERK  
ATTN: BUSINESS SERVICES DIVISION  
350 MAIN ST., ROOM 5  
EL SEGUNDO, CA 90245-3813**

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