

Policy Number: xxxxxxxxxxxxxx

Insured: xxxxxxxxxxxx THIS ENDORSEMENT CHANGES THE POLICY,  
PLEASE READ IT CAREFULLY

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

The Coast Community College District, its Colleges, its Board of Trustees, officers,  
agents, representatives and employees are added as additional insureds.

All persons or organizations as required by written contract.

(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.

To the extent required under contract, this policy will apply as primary insurance to  
additional insureds scheduled above and other insurance which may be available to such  
additional insureds will be non-contributory.

Section IV., Condition 4., of this policy is amended accordingly.

All other Terms and Conditions of this Policy remain unchanged.

CGL 216 (4/98)