

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/23/2016

MCREMENTANT: If the certificate holder is an ADDITIONAL. INSURED, the policy (cels) must have ADDITIONAL. INSURED provisions of be endorsed in policy certain policies may require an endorsement. A statement on the certificate does not conterrights to the certificate holder in lieu of such endorsement(). PRECONCE INSURANCE BROKER/AGENCY YOUR COMPANY INSURENT COMPANY YOUR COMPANY INSURENT COMPANY YOUR COMPANY INSURENT COLLEGA. NAME YOUR COMPANY INSURENT COLLEGA. INSURANCE DESCONMANY HAVE ADDITED COLLEGA. INSURANCE DESCONMANY HAVE DECOLEGA DESCONMANY HAVE ADDITED COLLEGA. INSURENT COLLEGA DESCONMANY HAVE DECOLEGA DESCONMANY HAVE ADDITED COLLEGA DESCONMANY HAVE DECOLEGA DESCONMANY HAVE ADDITED COLLEGA DESCONMANY HAVE DECOLEGA DESCONMANY HAVE DECOLEG	C B R	THIS CERTIFICATE IS ISSUED AS A I CERTIFICATE DOES NOT AFFIRMATI BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, AN	VELY OF URANCE ND THE C	R NEGATIVELY AMEND, DOES NOT CONSTITU ERTIFICATE HOLDER.	EXTEND OR ALT TE A CONTRACT	ER THE CO BETWEEN	OVERAGE AFFORDED BY TH THE ISSUING INSURER(S), A	E POLICIES	
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
The City of Riverside, its officers, employees and agents are added as additional insureds.
Information required to complete this Ochool do if and allowing the Division in the Declarations

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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 "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following.

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement is effective on the inception date of the policy unless another date is indicated below.

SECTION II – LIABILITY COVERAGE, 1. WHO IS AN INSURED is amended to include as an "insured" the person(s) or organization(s) named in the Schedule below, but only with respect to their legal liability for acts or omissions of a person for whom Liability Coverage is afforded under this policy. You are authorized to act for the additional insured named in the Schedule in all matters pertaining to this insurance.

SCHEDULE

Name and Address of Additional Insured:

ANY PERSON OR ORGANIZATION THAT YOU HAVE AGREED IN A WRITTEN CONTRACT, THAT SUCH PERSON OR ORGANIZATION IS AN ADDITIONAL INSURED ON THIS POLICY.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

Policy Number:

Named Insured

Endorsement Effective Date: address.

local Standard Time at the First Named Insured's

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Insured Effective Policy No.

Endorsement No. Premium

Insurance Company

Countersigned by

WC 00 03 13 (Ed. 4-84)