



**Nonprofits' Insurance
Alliance of California**
A HEAD FOR INSURANCE... A HEART FOR NONPROFITS

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 Person or Organization:

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

(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 as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

THE CITY OF RIVERSIDE AND ITS OFFICERS, EMPLOYEES AND AGENTS

SAMPLE

**STATE
COMPENSATION
INSURANCE
FUND**

P.O. BOX 807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 11-18-2003

GROUP: [REDACTED]
POLICY NUMBER: [REDACTED]
CERTIFICATE ID: 6
CERTIFICATE EXPIRES: 11-18-2004
11-18-2003/11-18-2004

CITY OF RIVERSIDE SK
DEVELOPMENT DEPARTMENT, CITY HALL
3900 MAIN STREET, 5TH FLOOR
RIVERSIDE CA 92522

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 10 days' advance written notice to the employer.

We will also give you 10 days' advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate of insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

[Signature]

AUTHORIZED REPRESENTATIVE

[Signature]

PRESIDENT

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000.00 PER OCCURRENCE.

APPROVED AS TO FORM

[Signature] 11/18/03
RISK MANAGER

RECEIVED

OCT 23 2003

SAMPLE

EMPLOYER

LEGAL NAME

[REDACTED]

[REDACTED] OF RIVERSIDE
(A NON-PROFIT ORG.)

1 of 1

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