

# Sample Additional Insured Endorsement

a. Policy Number matches  
number on certificate

POLICY NUMBER: [REDACTED]

COMMERCIAL GENERAL LIABILITY  
ISSUE DATE: 08-27-09

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – MANAGERS OR LESSORS OF PREMISES**

This endorsement modifies insurance provided under the following:  
COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

1. Designation of Premises (Part Leased to You):

6005 CAMP FAR WEST RD.  
SHERIDAN CA 95681

2. Name of Person or Organization (Additional Insured):

PLACER COUNTY  
ITS OFFICERS, AGENTS AND EMPLOYEES

145 FULWEILER AVE., STE. 100  
AUBURN CA 95603

3. Additional Premium: **INCLUDED**

(If no entry appears above, the 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 the ownership, maintenance or use of that part of the premises leased to you and shown in the Schedule and subject to the following additional exclusions:

This insurance does not apply to:

1. Any "occurrence" which takes place after you cease to be a tenant in that premises.
2. Structural alterations, new construction or demolition operations performed by or on behalf of the person or organization shown in the Schedule.

b. Has language that states  
the endorsement changes  
the policy

c. Additional insured  
is "Placer County"