Reproduction of Insurance Services Office, Inc. Form

INSURER:
POLICY NUMBER:
ENDORSEMENT NUMBER:

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 Organization: State of California, Trustees of the California State University, California State University San Marcos, and each of their officers, officials, employees, authorized representatives, agents and volunteers, the "University."

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.

Modifications to ISO form CG 20 10 11 85:

1. This insurance shall be primary as respects the University, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the University shall be in excess of this insurance and shall not be called upon to contribute with it.

2. The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by has been given to the University. (10 days advance written notice for non-payment).

3. The Insurer named above waives any right of recovery the Insurer may have against the Univesity when the Insured has agreed to such waiver in writing prior to loss.

3. Coverage shall not extend to any indemnity coverage for the active negligence of the University in any case where an agreement to indemnify the University would be invalid under Subdivision (b) of section 2782 of the Civil Code (construction contracts with public agencies)

*****Sample Form Only*****

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Signature-Authorized Representative

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Address

CG 20 10 11 85   Insurance Services Office, Inc. Form (Modified)