

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): **USE OF PREMISES**
- 2. Name of Person or Organization (Additional Insured): **URSULINE WESTERN PROVINCE**
- 3. Additional Premium: **SANTA ROSA URSULINE CORP. and its AFFILIATED ENTITIES**  
535 Angela Drive  
Santa Rosa, CA 95403

(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 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.

This insurance shall be primary and not contributing with any other insurance in effect for **URSULINE WESTERN PROVINCE, SANTA ROSA URSULINE CORP. and its AFFILIATED ENTITIES.**

A (30) day written notice of Cancellation or Material Change will be sent to **URSULINE WESTERN PROVINCE, SANTA ROSA URSULINE CORP., and its AFFILIATED ENTITIES** c/o Angela Center, 535 Angela Drive, Santa Rosa, CA 95403, except for a (10) day written notice for Non Payment of Premium.

POLICY NUMBER:

EFFECTIVE DATE:

ISSUED TO:

ISSUED BY:

SIGNATURE: \_\_\_\_\_

SAMPLE

# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

1/03/94

PRODUCER

~~Metayer & Wilkey, Inc.~~  
~~P.O. Box 1000~~  
~~Santa Rosa, CA 95402~~

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

## COMPANIES AFFORDING COVERAGE

- COMPANY LETTER **A** (Insurance Company)
- COMPANY LETTER **B** (Insurance Company)
- COMPANY LETTER **C**
- COMPANY LETTER **D** (Insurance Company)
- COMPANY LETTER **E**

INSURED

(ORGANIZATION NAME)  
  
 (STREET ADDRESS)  
  
 (CITY) CA (ZIP)

### COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YY)	POLICY EXP. DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	001234567	01/01/94	01/01/95	GENERAL AGGREGATE	2000000
	<input checked="" type="checkbox"/> COMM. GENERAL LIABILITY				PROD-COMP/OP AGG.	1000000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCC.				PERS. & ADV. INJURY	1000000
	<input type="checkbox"/> OWNER'S & CONTRACT'S PROT				EACH OCCURRENCE	1000000
					FIRE DAMAGE(One Fire)	50000
					MED. EXP. (One Per)	5000
B	AUTOMOBILE LIABILITY	002234567	01/01/94	01/01/95	COMBINED SINGLE LIMIT	1000000
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	
	<input checked="" type="checkbox"/> HIRED AUTOS					
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	EXCESS LIABILITY				EACH OCCURRENCE	
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
D	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	003234567	01/01/94	01/01/95	<input checked="" type="checkbox"/> STATUTORY LIMITS	
					EACH ACCIDENT	1000000
					DISEASE-POLICY LIMIT	1000000
					DISEASE-EACH EMP.	1000000
	OTHER					

SAMPLE

### DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Certificate Holder is named as additional insured per attached CG2011 as respects use of facilities for (activity) \_\_\_\_\_ being held (dates) \_\_\_\_\_

### CERTIFICATE HOLDER

Ursuline Western Province,  
 Santa Rosa Ursuline Corporation  
 and its affiliated entities  
 c/o Angela Center  
 535 Angela Drive  
 Santa Rosa, CA 95403

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE