

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

