

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**AMENDMENT – AGGREGATE LIMITS OF INSURANCE
(PER PROJECT)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

The General Aggregate Limit under LIMITS OF INSURANCE (SECTION III) applies separately to each of your projects away from premises owned by or rented to you.

sample



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Insurance
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PRIMARY INSURANCE WORDING

SUCH COVERAGE AS IS AFFORDED BY THIS POLICY FOR THE BENEFIT OF THE ADDITIONAL INSURED(S) IS PRIMARY AND ANY OTHER COVERAGE MAINTAINED BY SUCH ADDITIONAL INSURED(S) SHALL BE NON-CONTRIBUTING WITH THE COVERAGE PROVIDED UNDER THE POLICY.

sample

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

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ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

Any person or organization for whom **[Insured]** is required by written contract, agreement or permit are named as an additional insured under this policy, but only with respect to liability arising out of operations performed under the Subcontract.

(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, but only with respect to liability arising out of "your work" for that insured by or for you.

It is understood and agreed that this insurance is primary insurance and any other insurance maintained by the additional insureds shall be excess only and not contributing with this insurance.



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WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY WC 04 03 06

(ED. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT – CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the Work described in the Schedule.

The additional premium for this endorsement shall be _____ % of the California workers' compensation premium otherwise due on such remuneration.

Person or Organization

Job Description

Schedule

Sample

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective

Policy No.

Endorsement No.

Insured

Insurance Company:

Countersigned By _____

WC 04 03 06

(Ed. 04-84)



**John Burnham
Insurance
Services**

E N D O R S E M E N T

Named Insured			Endorsement Number
Policy Number	Policy Period	To	Effective Date of Endorsement
Issued by			

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WAIVER OF SUBROGATION

IT IS AGREED WAIVER OF SUBROGATION IS ADDED TO THIS POLICY REGARDING ANY ADDITIONAL INSURED.

WE WAIVE ANY RIGHT OF RECOVERY WE MAY HAVE AGAINST THE PERSON OR ORGANIZATION SHOWN IN ENDORSEMENT NUMBER (11), THE ADDITIONAL INSURED ENDORSEMENT, BECAUSE OF PAYMENT WE MAKE FOR INJURY OR DAMAGE ARISING OUT OF "YOUR WORK" DONE UNDER A CONTRACT WITH THAT PERSON OR ORGANIZATION. THE WAIVER APPLIES ONLY TO THE PERSON OR ORGANIZATION SHOWN IN THE SCHEDULE.

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, OR LIMITATIONS OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED OTHER THAN STATED ABOVE.