

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS - SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

## SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
Information required to complete this Schedule, if not shown above, will be shown in the Declarations	

A. Section II — In accordance with the terms, conditions, limitations, and provisions of the policy to which this endorsement is attached, Section II- Who Is An Insured is amended to include as an **Additional Insured** the person(s) or organization(s), or entity(ies) designated in the Endorsement, but only with respect to liability for "bodily injury", or "property damage" caused, in whole or in part, in the performance of your ongoing operations for the designated person, organization, or entity

B. With respect to the Insurance afforded to these **Additional Insureds**, the following additional exclusions apply:

This Insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the **Additional Insured(s)** at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. This endorsement does not create on our part a duty to defend the designated person, organization or entity or to contribute to or reimburse the designated person, organization or entity for any fees or expenses incurred by an insured in the defense of the designated person, organization or entity. This endorsement is only applicable if the designated person, organization or entity and the designated project sections are completed.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date