

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY  
UCIC 34 100 08 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

**ADDITIONAL INSURED- PRIMARY AND NON-  
CONTRIBUTORY-OWNERS, LESSEES OR  
CONTRACTORS**

**COMMERCIAL GENERAL LIABILITY COVERAGE PART  
SCHEDULE**

Name of Person or Organization :

In consideration of the additional premium of \$250.00, it is hereby understood and agreed that

**WHO IS AN INSURED (Section 1) 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 or for you.**

**PRIMARY/ NON-CONTRIBUTORY WORDING:**

**It is agreed that this insurance is primary and non-contributory and that no insurance held or owned by the designated additional insured shall be called upon to cover a loss under said policy if loss under said policy if loss arises directly from work performed by named insured or if others performed on behalf of the named insured.**

**All other terms, conditions and exclusions remain unchanged**

UCIC 34 100 08 09