



CITY OF IRVINE

Community Services Department

INSURANCE SERVICES OFFICE, INC
P.O. BOX 12345
Any City, Any State 12345-6789
(555) 555-5555

POLICY NUMBER: ABC1234567 COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSUREE - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART SCHEDULE

Name of Person or Organization:

City of Irvine, its Officers, Employees,
Agents, Volunteers, and Representatives
One Civic Center Plaza
PO Box 19575
Irvine, Ca 92623-9575

(If no entry appears above, 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 as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.