



NAME OF INSURED AND MAILING ADDRESS: Policy Number: 2005-03386-NPO *

(AGENCY NAME)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

* The City and County of San Francisco Department of Public Health, its Officers, Agents, and Employees *

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable this endorsement.)

But only as respects legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

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* POLICY NUMBER: 2005-03386-NPO COMMERCIAL GENERAL LIABILITY
NAMED INSURED: (AGENCY NAME)

This Endorsement Changes the Policy. Please read it carefully.

Additional Insured – Owners, Lessees or Contractors (Form B)

This endorsement modifies insurance provided under the following

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

Name of Persons or Organization:

* The City and County of San Francisco Department of Public Health, its Officers, Agents, and Employees *

(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.