

Additional Insured Endorsement

Insurance Services Office,
Inc.

Form CG 20 10 11 85

or similar

Policy No. must match
certificate
Insured Name

Name of Person or Organization:
County of Santa Clara, and
members of the Board of
Supervisors of the County of Santa
Clara, and the officers, agents, and
employees of the County of Santa
Clara, individually and collectively.

POLICY NUMBER: same policy no. as cert COMMERCIAL GENERAL LIABILITY

INSURED: Vendor's 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.

SCHEDULE

Name of Person or Organization: County of Santa Clara, Family Support Division, The
County of Santa Clara, its members, board of supervisors, officers agents and
employees, individually and collectively

(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.

PRIMARY INSURANCE

Such insurance as is afforded by this endorsement for the additional insureds shall apply as
primary insurance. Any other insurance maintained by the additional insureds or its officers and
employees shall be excess only and not contributing with the insurance afforded by this
endorsement, except in the event of sole or contributory negligence on the part of the additional
insured.

It must also state that coverage
afforded by this endorsement
shall apply as Primary.