



**INSURER:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**INSURED:** \_\_\_\_\_

**POLICY EFFECTIVE DATE:** \_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY**

***ADDITIONAL INSURED- OWNERS, LESSES OR CONTRACTORS (FORM B)***

This endorsement modifies insurance provided under the following:

**(INDICATE COVERAGE)** \_\_\_\_\_

**SCHEDULE:**

**Name of Organization: The University Corporation, the State of California; the Trustees of the California State University; California State University, Northridge; and their officers, agents, volunteers and employees.**

WHO IS 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.

- 1. This insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.**
- 2. The insurance afforded by this policy shall not be canceled except after thirty, (30) days prior written notice by certified mail return receipt requested has been given to the University Licensing Office.**
- 3. All rights of subrogation under the insurance policy listed above have been waived against The University Corporation and California State University, Northridge.**
- 4. The University Corporation, The State of California, the Trustees of the California State University, the University, their officers, employees, representatives, volunteers, and agents shall not by reason of their inclusion as additional insureds incur liability to the insurance carriers for payment of premiums for such insurance.**

Signature \_\_\_\_\_ **(Must Be an Authorized Representative of the Insurance Carrier)**

Print name \_\_\_\_\_

Insurer's address \_\_\_\_\_

Insurer's contact number \_\_\_\_\_