

Policy Change No. _____

ENDORSEMENT

This endorsement, effective _____ at 12:01 a.m. standard time, forms a part of

Policy #:

Issued to:

By:

POLICY CHANGE ENDORSEMENT

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – PRIMARY INSURANCE

This endorsement modifies insurance provided under the following:

ADDITIONAL INSURED– OWNERS, LESSEES OR CONTRACTORS – (FORM B) CG2010 (10 93)

Coverage provided by this policy to the Additional Insured(s) shown in the Schedule shall be primary insurance and any other insurance maintained by the Additional Insured(s) shall be excess and non-contributory, but only if required of the Named Insured by an "insured contract".

Countersignature