

**ENDORSEMENT**

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

**COMMERCIAL GENERAL LIABILITY**

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

**ADDITIONAL INSURED – 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 Folsom, its officers, employees, and agents**

Re: Event to be held on (date) at the  
(name of facility or location of event),  
Folsom, CA 95630

(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 as an insured but only with respect to liability arising out of your operations or premises owned or rented to you.

**Note about Endorsement:  
Separate endorsement must state the language above highlighted to meet requirements of the City of Folsom’s legal department**