

SAMPLE ONLY

NAME OF INSURANCE COMPANY/JPA
ENDORSEMENT

ADDITIONAL COVERED PARTY

| | | |
|---|---|---|
| COVERED PARTY COMPLETE WITH YOUR INFORMATION | COVERAGE DOCUMENT COMPLETE WITH YOUR INFORMATION | ADMINISTRATOR COMPLETE WITH YOUR INFORMATION |
|---|---|---|

Subject to all its terms, conditions, exclusions and endorsements, such additional covered party as is afforded by the coverage document shall also apply to the following entity but only as respects to liability arising directly from the actions and activities of the covered party described under "as respects" below.

Additional Covered Party:

Fremont Union High School District, its Officers, Agents, Employees, and Board Members
589 West Fremont Avenue
Sunnyvale, CA 94087

As Respects: GENERAL DESCRIPTION OF YOUR SERVICES TO FUHSD
INCLUDING LOCATION, DATE(S) AND TIME

***** It is a *REQUIREMENT* that the
"ADDITIONAL INSURED ENDORSEMENT"
is submitted on a separate page *****

signature

Authorized Representative