

POLICY NUMBER:
INSURED:

COMMERCIAL GENERAL LIABILITY

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:

F & H CONSTRUCTION and NAME OF OWNER(S), their directors, officers, partners, employees, agents and representatives

Liability Company

Job #XXXX
Project Name

(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.

(SUBMIT "ONGOING OPERATIONS" and "COMPLETED OPERATIONS" BOTH)
Endorsement

Insurance is primary insurance and any other insurance maintained by the Additional Insured is excess and Non-Contributory insurance.

(SUBMIT PRIMARY WORDING, EXCESS & NON-CONTRIBUTORY)
Endorsement

We waive any right of recovery we may have against the person or organization shown in the schedule because of payments we make for injury or damage arising out of "your work" done under a contract with that person or organization. The waiver applies only to the person or organization shown in the Schedule.

(SUBMIT WAIVER OF SUBROGATION FOR GL AND WC)
Endorsement

ALL CERTIFICATES REQUIRE ENDORSEMENTS

EXHIBIT "J"

Please Initial _____