Insurance Policy Endorsement

ENC-009

Permit No _____

Effective on and after _____ 20 _____ ,
this endorsement forms part of Policy No. _____ Expiration Date _____
Issued to: _____
By: _____
Company Name

It is agreed that this policy is hereby amended as follows:

1. The County of Sonoma, its officers, and employees are named as additional insured for all liability arising out of the operations which are subject to this permit.

2. The insurance provided herein is primary coverage to the County of Sonoma with respect to any insurance or self-insurance programs maintained by the County.

3. Coverage provided by this policy shall not be reduced or canceled without thirty (30) days written notice [ten (10) days for nonpayment of a premium] given to:

   County of Sonoma
   Permit & Resource Management Department
   2550 Ventura Avenue
   Santa Rosa, CA 95403-2829

4. The inclusion of more than one insured shall not operate to impair the rights of one insured against another insured, and the coverage's afforded shall apply as though separate policies had been issued to each insured, but the inclusion of more than one insured shall not operate to increase the limits of the Company's liability.

This is not valid until signed by an authorized agent of the Insurance Company.

_____
Authorized Agent

_____
Address

_____
City, State, Zip Code