

ENDORSEMENT

This endorsement forms a part of the policy to which attached, effective on the inception date of the policy unless otherwise stated herein.

IT IS UNDERSTOOD AND AGREED THAT THIS POLICY IS AMENDED TO INCLUDE THE FOLLOWING:

THE ROMAN CATHOLIC BISHOP OF STOCKTON, A CORPORATION SOLE; AND THE ROMAN CATHOLIC WELFARE CORPORATION of STOCKTON, A CORPORATION; and exact Corporate Parish Name, all other constituent organizations of the Diocese and their Officers, Agents and Employees and Volunteers are included as Additional Insureds as respects Agreement for use of Facilities.

It is further understood and agreed that this insurance shall be primary and not contributing with any other insurance in effect for the Additional Insureds.

In the event of cancellation of or material change in the coverage, thirty (30) days advance written Notice of such will be given to the Additional Insureds at the address in the Certificate and as follows:

Roman Catholic Bishop of Stockton, etal
P O Box 4237, Stockton, CA 95204-0237
and
Exact Parish Corporate Name and address

All other terms remain unchanged.

Endt # \_\_\_\_\_

Effective: \_\_\_\_\_

(The following information is required only when this endorsement is issued subsequent to issuance of the policy.)

Attached to Policy No. \_\_\_\_\_ of the \_\_\_\_\_ Insurance Company

Issued to: \_\_\_\_\_ The Named Insured

Dated: \_\_\_\_\_ Authorized Representative

Endorsement