



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED PERSON  
OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

**SCHEDULE**

**Name of Additional Insured Person(s) Or Organization(s):**

Effective Date: 12/01/2023

THE TOWN OF FOUNTAIN HILLS, ITS AGENTS, REPRESENTATIVES, OFFICERS, DIRECTORS, OFFICIALS,  
AND EMPLOYEES.

16705 E AVENUE OF THE FOUNTAINS  
FOUNTAIN HILLS, AZ 85268

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph C. **Who is An Insured** in Section II - Liability:

3. Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf in the performance of your ongoing operations or in connection with your premises owned by or rented to you.

**UNITED STATES LIABILITY INSURANCE GROUP  
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

**BUSINESS OWNERS COVERAGE FORM**

**Primary And Non-Contributory**

**Schedule:**

Effective Date: 03/04/2024 12:01 AM

**Name of Person or Organization:**

THE TOWN OF FOUNTAIN HILLS, ITS AGENTS, REPRESENTATIVES, OFFICERS, DIRECTORS, OFFICIALS, AND EMPLOYEES. 16705 E AVENUE OF THE FOUNTAINS FOUNTAIN HILLS, AZ 85268

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

**SECTION III - COMMON POLICY CONDITIONS, Paragraph H. OTHER INSURANCE,** is amended with the addition of the following:

The coverage afforded by this policy to the person(s) or organization(s) listed above is primary and non-contributory. Insurance is required to be primary or non-contributory under a written contract: and

2. The loss to be covered occurs on or after the effective date of the written contract; and
3. The loss to be covered resulted solely and exclusively from your ongoing acts or omissions or the ongoing acts or omissions of those acting on your behalf in performing "your work" under a written contract referred to above.
4. The person(s) or organization(s) listed above is an additional insured under this policy.

However, the coverage provided by this endorsement does not apply to any coverage provided for an "auto" on a "non-owned auto", "hired auto", uninsured motorists coverage, underinsured motorists coverage, personal injury protection, property protection or similar no-fault coverage by whatever name called and/or an "auto" coverage of any type.

All other terms and conditions of this policy remain unchanged. This endorsement is a part of your policy and takes effect on the effective date of your policy unless another effective date is shown.

**POLICY NUMBER:**

**COMMERCIAL GENERAL LIABILITY  
CG 24 04 12 19**

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

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US (WAIVER OF SUBROGATION)**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART  
ELECTRONIC DATA LIABILITY COVERAGE PART  
LIQUOR LIABILITY COVERAGE PART  
POLLUTION LIABILITY COVERAGE PART DESIGNATED SITES  
POLLUTION LIABILITY LIMITED COVERAGE PART DESIGNATED SITES  
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART  
RAILROAD PROTECTIVE LIABILITY COVERAGE PART  
UNDERGROUND STORAGE TANK POLICY DESIGNATED TANKS

**SCHEDULE**

**Name Of Person(s) Or Organization(s):**

THE TOWN OF FOUNTAIN HILLS, ITS AGENTS, REPRESENTATIVES, OFFICERS, DIRECTORS, OFFICIALS, AND EMPLOYEES. 16705 E AVENUE OF THE FOUNTAINS FOUNTAIN HILLS, AZ 85268

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

The following is added to Paragraph 8. **Transfer Of Rights Of Recovery Against Others To Us** of Section IV – **Conditions**:

We waive any right of recovery against the person(s) or organization(s) shown in the Schedule above because of payments we make under this Coverage Part. Such waiver by us applies only to the extent that the insured has waived its right of recovery against such person(s) or organization(s) prior to loss. This endorsement applies only to the person(s) or organization(s) shown in the Schedule above.