

ADDITIONAL INSURED – SPECIFIED PERSON OR ORGANIZATION

Named Insured			Endorsement Number
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
Issued By (Name of Insurance Company)			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:

School District of Philadelphia 440 N. Broad Street Office of Risk Management , Sulte 325 Phlladelphia PA 19130
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WHO IS AN INSURED (Section II) is amended to include the person or organization shown in the **Schedule** as an insured, but only to the extent of llability resulting from occurrences arising out of your negligence.

Authorized Agent