

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

Sonoma County Permit and Resource Management Department

2550 Ventura Avenue

Santa Rosa, CA 95403-2829

(707) 565-1900

Fax (707) 565-1103