APPLICATION FOR
TEMPORARY USE PERMIT

Dear Applicant:

This letter is to welcome you to the City of Brea and inform you of the policies and procedures that the City has regarding temporary use activities. Under City ordinance, temporary use activities requiring a permit are described as any activity that may affect the public peace; health; safety; or general welfare; including but not limited to: parking lot and sidewalk sales; art shows; carnivals; parades; parties; races; demonstrations; promotional events; pumpkin and Christmas tree lots; and film productions.

Activities falling under any of the categories described above are required to possess a Temporary Use Permit (TUP). Acquiring a TUP makes your event eligible for four days, consecutive or non-consecutive, providing that all the days of permitted activity take place within a 90-day period. TUP's for events such as carnivals, farmers markets and pony rides are eligible for a longer period.

Attached you will find a copy of the TUP application and all the information needed to process it. Applications for a TUP may and are encouraged to be submitted up to 45 days prior to the date of the event. Applications submitted with less than 45-days notice may not have enough time for processing and/or may not be approved. It is at Staff's discretion to determine if sufficient time is provided at the time of application submittal. Please read all directions and requirements carefully and use the checklist provided before submitting your application, either by mail, or in person. If you have any questions, please feel free to call us at 714-990-7674.

COMMUNITY DEVELOPMENT DEPARTMENT

City of Brea
1 Civic Center Circle
Brea, CA 92821

APPLICATION FOR TEMPORARY USE PERMIT

A completed application should be submitted 45 days prior to the proposed date of the event. There is a **processing fee of $75 for minor event and $450 for major event** for all TUPs with the exceptions of Christmas Tree Lots and Pumpkin/Strawberry Patch Sales, which require a $300 processing, and a $300 clean-up/damages deposit. Other fees apply as applicable. The Temporary Use Permit Fee Schedule can be found on Page 6 of this application. Any events using a canopy or tent may require a fire inspection and related fee.

1. Name of Applicant_____

   Name of Organization_____

   Address_____
   Street City State Zip Code

   Contact Phone Number ( ) _____

   Fax Number ( ) _____

   E-mail _____

2. Name of Property Owner_____
   (Must sign affidavit granting permission)

   Address_____
   Street City State Zip Code

3. Emergency Contacts (Two are required and should be available **during** the event.)

Contact #1	Contact #2
_____	_____
Name	Name
_____	_____
Cell phone number	Cell phone number
_____	_____
Work phone number	Work phone number
_____	_____
Home phone number	Home phone number

4. Date(s) of Event_____ Hours of Event_____

5. Location of Event_____
   Street address

   _____
   Major cross streets

6. Estimated Number of Attendees_____

7. Check any items that apply or none.

- ☐ Tent or Canopy (subject to Fire Department permit and inspection)
- ☐ Electrical hookups (electrical permit and inspection, such as temporary power pole and temporary generators; does not include extension cords to outlets)
- ☐ Live entertainment and/or PA system (circle those that apply)
- ☐ Alcohol Beverage Control Permit
- ☐ Closures of public streets or alleys
- ☐ Placement of signs (must have number, location, and size of signs). Note sign placement on site plan.
- ☐ None

8. Detailed written description of event. Include support and any explanation needed for **site map requirement**. A site drawing, to scale if possible, on 8 ½" x 11" paper, **must accompany permit application**. Include streets, parking, ingress/egress, structures, placement and location of tents, signs, banners, storage, generators, PA equipment, sanitary facilities, lighting, and other temporary materials.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

All vendors hired by a TUP applicant to provide services at their event must obtain a City of Brea business license **before** the TUP can be approved. Below is a checklist of typical activities/features of a TUP event that would be provided by a separate vendor. Please check all categories/services that may apply, and provide each individual vendors information in the spaces provided. City of Brea Business License Staff will be contacting you regarding the information provided here.

- ☐ Security
- ☐ Caterers/Food Vendors/Drink Vendors
- ☐ Trade/Retail Show or Promotional Event
- ☐ Party Rentals (Chairs, Tables, Bounce Houses, etc.)
- ☐ Filming
- ☐ Temporary Fencing
- ☐ Port-a-Potties

Vendor/Business Name:
Contact Name:
Phone Number: **Alternate Number (Cell):**
Fax Number:
Email Address:

Vendor/Business Name:
Contact Name:
Phone Number: **Alternate Number (Cell):**
Fax Number:
Email Address:

Vendor/Business Name:
Contact Name:
Phone Number: **Alternate Number (Cell):**
Fax Number:
Email Address:

Vendor/Business Name:
Contact Name:
Phone Number: **Alternate Number (Cell):**
Fax Number:
Email Address:

Contact City of Brea Business License at (714) 990-7686 if your event will utilize more than four separate vendors.

9. Event Related Temporary Sign Permit

☐ The approval of the Temporary Use Permit depends on compliance with the Event Related Temporary Sign Policy. A Permit may be obtained only for those types of signs permitted by the City of Brea Zoning Ordinance**. If no signs will be displayed, please check the box to the left.** If you will be using signs, please fill in the information requested below.

Number of Signs_____

Size of Signs_____

Location of Signs_____

Date Signs will be Posted_____

Date Signs will be Removed_____

10. Certificate of Insurance and Endorsement

☐ Check the box to the left indicating that you understand the TUP will not be issued until you have submitted and the City has approved all the proper insurance needed for this event. This includes proof of a City approved general liability policy covering the event with a $2,000,000 combined single limit per occurrence minimum general aggregate. The general liability policy will be primary and non-contributory, the City of Brea must be named as an additional insured by endorsement and a waiver of subrogation is required. (If auto insurance is required, an additional insured endorsement and waiver of subrogation is also required. If employees are working the event, a workers' compensation policy is required with a waiver of subrogation only.) See attached insurance matrix for additional details on requirements, minimum policy limits, and acceptable ratings for insurance companies.

_____ _____

Applicant's Signature Date

INDEMNIFICATION AGREEMENT

Please read, fill in, and sign at the bottom

In consideration of being granted a Temporary Use Permit, and to the full extent permitted by law, the undersigned, _____, on behalf of _____ herby agrees to defend, indemnify, and hold free and harmless the City of Brea, its elected officials, officers, employees, and agents, with respect to any and all liabilities, claims, suits, actions, losses, expenses or costs of any kind, whether actual, alleged or threatened, including the payment of actual attorney's fees, court costs and any and all other costs of defense, incurred as a consequence of, arising out of, or in any way attributable to, the granting of a Temporary Use Permit to (name and date of event) _____
_____

The undersigned hereby represents that he or she has read and fully understands that by signing this Agreement, important legal rights are being waived and legal obligations are being assumed. If signing as a representative, the undersigned further represents that he or she is fully authorized to enter into this Agreement on behalf of each and every person, group, business and/or organization to which the Temporary Use Permit is being issued.

_____ _____
Applicant's Signature Date

PROPERTY OWNER APPROVAL

Must be read, filled in, and signed by the owner of the property or management company.

_____(owner/prop. management) herby grants full permission and approval for _____(applicant) to hold a _____(event) at _____(location) on _____(date).

Additionally, I have been notified of the full extent of the event proposed and agree to not hold the City of Brea responsible for any problems or concerns that may arise due to it.

_____

Signature of owner or person authorized Date

_____

Telephone number Fax Number Address

_____

Property Management, if applicable Date

_____

Telephone number Fax Number Address

TEMPORARY USE PERMIT AND ASSOCIATED FEES

	Fee	Payment Due
Development Services Fees (required for all events)		
Application Fee		
General Temporary Use Permit	$75 (minor)	_____
	$450 (major)	_____
Film Permit	$500	_____
Pumpkin Patches and Christmas tree Lots	$300	_____
Cleanup Deposit	$300	_____
Amount Due to the Community Development Department		_____*

Finance Department Fees (required for most events)
Accounting Technician II, at 714-990-7686 to determine amount due.

Amount Due to the Finance Department _____*

Fire Department Fees (if applicable)
Fire Inspection $69* _____*
*(subject to change, please contact the Fire Dept. for updated fees)

Public Works Department Fees (if applicable)
Fees may apply depending on nature of event _____*

Police Department Fees (if applicable)
Not required for most events
Police Coverage (varies with needs) $36 - $52hr _____*

Total Applicable Fees Due (for applicant use) _____

**** Fees are to be paid to the corresponding City Department***

CITY OF BREA
TEMPORARY USE PERMIT CONTACTS

NOTE: Please contact Planning Division at **714-990-7674** before calling any other City Departments.

TUP Contact Person	**Phone Number**
Planning Division	(714) 990-7674
Finance Dept. – Business License	
Accounting Technician II	(714) 990-7686
Fire Dept. – Plan approval, Permits, Inspection	
Bill Lynxwiler, Fire Prevention Specialist II	(714) 990-7652
Health Dept. – Food Sales and Inspection	
Kristen Schroeder, O.C. Environmental Health Specialist	(714) 433-6122
Police Dept. – Event Planning & Public Safety	
John Burks, Police Captain	(714) 990-7744
Brea Downtown Liaison Officer	(714) 529-4038
Personnel Dept. – Liability Claims	
Doug Stevenson, Senior Personnel Analyst	(714) 671-4416
Community Development Dept.	
Planning Division, Planner on Duty	(714) 990-7674
Gabriel Linares, Building and Safety Manager	(714) 990-7769
Economic Development Div.	(714) 671-4421
Kathie DeRobbio, Economic Development Manager	
Public Works Dept.	
Will Wenz, Maintenance Services Superintendant	(714) 990-7695
Lew Gluesing, Traffic Engineer	(714) 990-7742

City of Brea Insurance Requirements

Temporary Use Permits, Film Permits, Community Events, General Temporary Use of City Property

(TUP's, Film Permits, Special Community Events involving use of City property, Temporary Use of City Property)

The insurance requirements below summarize, but do not supersede, the insurance requirements addressed in the body of the Bid Specifications. You are advised to refer to the bid specifications in addition to the information provided below. (Some projects may have different/additional requirements.)

It is highly recommended that you consult your insurance carrier(s) or broker(s) to determine in advance of bid submission the availability and cost of insurance as prescribed and provided herein. Failure to comply with the insurance requirements may result in your bid or proposal not being considered for award of contract. While unlikely to be granted, any proposed deviations from the standards listed below will require City pre-approval.

Type of Insurance Coverage	General Liability	Automobile Liability	Workers' Compensation
Required?	Yes	Depends - see below	Depends - see below
Minimum Limits of Coverage	$2,000,000 Combined Single Limit Per Occurrence Minimum	$2,000,000 Combined Single Limit Per Occurrence Minimum	Workers' Compensation to Statutory Limits; $1,000,000 Minimum Employers' Liability Limit
Minimum A.M. Best's Guide Rating / Other Requirements	A / VII (Admitted)	A / VII (Admitted)	A / VII (Admitted) or State Compensation Insurance Fund
Additional Insured Endorsement Required? Need ISO Form Numbered CG 20 10 11 85	Yes	Yes - if autos are used on City property.	No
Waiver of Subrogation Endorsement Required?	Yes	Yes - if autos are used on City property.	Yes
Comments			Not needed for sole proprietors or partnerships with no employees or when only volunteers are used.

City of Brea Insurance Requirements

Our society is very litigious. Lawsuits and large out-of-court settlements are in the news every day. Every relationship the City enters into has the potential for risk. Whether the relationship is a formal contract or a simple agreement, the potential for liability exists, and the City should endeavor to transfer the risk to the entity entering into the relationship with the City or a third party when appropriate.

Public and private entities doing business or entering into a relationship with the City of Brea are required to produce proof of insurance prior to implementation of a contract or other agreement. As a general rule, the proof of insurance will be required to have an endorsement naming the City as an additional insured (along with other City entities and/or individuals as required in the contract language). However, depending upon the nature of the relationship, insurance requirements may vary.

The contract or written agreement are the proper places to clearly state our insurance requirements. However, the City has handouts explaining these in the form of summary sheets specific to the type of relationship we will be entering into. These should be provided very early in the process to anyone who we will be asking to provide proof of insurance. Below is a little background and information explaining what we are requiring and why. Hopefully, this information can be of assistance if questions arise about our requirements.

Types of Insurance

There are different types of insurance required depending on the individual situation. Just about every business relationship the City enters into requires the other party to have general liability insurance. After that, the types of additional insurance we would seek will depend on the business relationship. The following is a very superficial description of the types of insurance we will most commonly be requiring.

- General Liability Insurance

General liability insurance is basically a catch-all policy – it covers all sorts of things that can go wrong. Virtually all relationships we enter into will need this type of insurance. Of course, it usually comes with exclusions. If needed, the exclusions can be covered by purchasing a separate policy specific to the exclusion(s), or we could simply risk not covering the

exclusion. In most cases, the general liability policies issued within the industry are adequate for our needs. General liability insurance is to be provided "Occurrence Based" (as opposed to "Claims Made" which we would reject in most cases).

- Automobile Liability Insurance

Automobile liability insurance is required if the party entering into a relationship with us will be using motorized vehicles. They might be used by their employees or volunteers simply to come and go from worksites or as part of an event they are involved with. Anytime a vehicle is being used we will need automobile liability coverage.

- Workers' Compensation Insurance

Worker's Compensation insurance is required if the party we are entering into a relationship with has paid employees working for them and are involved somehow in the relationship with the City. This type of insurance covers these paid employees for illness or injury resulting from their employment. Many times the City will hire a single proprietor such as an architect or engineer that is the self-employed, sole member of the company (or a partnership with no employees). If they are the owner(s) of the company, without any other employees, these businesses do not need workers' compensation insurance.

- Professional Liability Insurance

If the City has hired a company or individual for professional services (architectural, engineering, etc.) it is very likely their insurance company will exclude covering these services under their general liability policy. Under this scenario we would require the party to provide professional liability insurance.

*** The amount of insurance coverage described on the Insurance Requirements (appended) are current City minimums. In rare circumstances, such as a small project, or where there is very limited exposure, the Risk Manager (Personnel Services Director) may permit a reduced amount of liability coverage.

Certificates of Insurance (Proof of Insurance)

Certificates of insurance are issued by the insurance companies or their representative brokers detailing the types and levels (limits) of insurance their clients have purchased. Certificates of insurance (even with the City named as an additional insured right on the front) do not provide the City with the liability protection we need and are not valid unless they include an endorsement. Most certificates of insurance clearly state that on the upper right hand corner of the certificate. Some will even come with attachments that repeat this disclaimer.

When requesting a certificate of insurance naming the City as an additional insured, it is imperative that the party we are asking this from is made aware of the endorsement requirement. While the company or individual we are conducting business with may not know what an endorsement is, their insurance company or broker will. This is a standard industry document.

However, there are a variety of types of endorsements that provide for different levels of protection and various exclusions. The endorsement we should request, and which will be stipulated in most contracts, is **ISO form CG 20 10 11 85**. Please note the last two digits in the sequence (85) refer to the year 1985. Under certain limited circumstances there are some other endorsements that can be accepted, but they are subject to approval by the City. As a general rule, the City will not accept an ISO endorsement dated after 1993 and in no case will accept one dated 2004. The older dated endorsements do not have the types of exclusions found in the newer ones. Because of this, the older dated endorsements provide the City with more acceptable protections.

Additionally, many insurance policies provide for additional insured status by stating in one manner or another that anyone listed on the certificate is covered if they are a party to the contract and the contract requires additional insured status. Common wording may state "...when required by contract." This is known as a "blanket endorsement" and can also be acceptable pending approval by the City.

Waiver of Subrogation

A waiver of subrogation is a means of protecting the City from a follow-up claim against us. If a claim or suit results in the party obligated to insure us making some sort of financial payment, the waiver of subrogation basically states they will accept all responsibility for the entire loss and not pursue a secondary follow-up claim against the City. In the exact same way that the City is named as an additional insured by an endorsement, the waiver of subrogation must also be in the form of an endorsement. Simply stating "waiver of subrogation applies" on the front of the certificate is of no value.

The waiver of subrogation endorsement may come at an additional cost, so it is important the party we are requiring this from understands this before they agree to any relationship with the City. Small companies too often overlook this aspect until after a bid is submitted. Then when they win the bid and bring this requirement to their insurance company they often find the cost was more than they expected. It is their obligation to factor this cost in before submitting their bid or entering into any agreement with the City.

Insurance Company Rating

Insurance companies vary in their financial strength and ability to pay out large losses. If an insurance company does not have the financial wherewithal to sustain large losses, it is a risk for us to do business with their client.

Within the insurance industry there is a service provided by "AM Best" which rates the financial strength of various insurance companies. This service allows us to check on-line if a company is considered safe to use. The City has determined that we will accept the use of insurance companies with a minimum AM Best rating of **A VII**. Anyone doing business with the City, that will be required to provide insurance, should be made aware of these minimum ratings. Any exception to the standards should have approval by the City prior to bid submittal. Deviation from these standards would be a very rare exception and should be discouraged.

As an additional safety measure, most insurance companies operating within California participate in a program that provides customers with a secondary level of protection in case the insurance company cannot meet its financial obligations. Companies participating in this State program are referred to as "Admitted Carriers" and, in essence, the State becomes their back-up insurance provider. While preferred, we do not require that the insurance companies we accept be "Admitted Carriers" although it could be a factor in our determination of the acceptability of an otherwise "borderline" company.

Records Retention

All insurance certificates and any related official documents should be kept in the Department's contract file that gets stored with the City Clerk's Office.

Questions?

Hopefully the information above will help clarify what we are looking for in the way of insurance protection and why certain items have very specific requirements. However, insurance is often as much an art as a science; and, depending upon the nature of the relationship we are entering into, other considerations can play a factor.

For questions about contract language contact Craig Fox in our City Attorney's office at 714-990-0901.

For questions about proof of insurance requirements contact Doug Stevenson in the City's Personnel Department at 714-671-4416.

PRODUCER: Insurance agent or broker who issues certificate. Should include contact info.

INSURED: The contractor or other party providing evidence of insurance to your entity.

INSR LTR: Refers to the letter in the Insurers Affording Coverage box, e.g., A, B, C, etc.

ADD'L INSRD: Indicates on which policies your entity has been added. (Not on all forms)

TYPE OF INSURANCE: Types of insurance required by contract must be checked.

POLICY FORM: Should be occurrence.

EXCESS/UMBRELLA: Only likely to be filled in if your specifications require more than $1 million.

WORKERS COMP: Should be statutory with $1 million EL.

OTHER: This is where professional, pollution liability, etc. would go.

CERTIFICATE HOLDER: This should be your entity, perhaps with an attention line to the person responsible for compliance checking.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE | NAIC #

INSURED

INSURER A:

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
		GENERAL LIABILITY				EACH OCCURRENCE $
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) $
		CLAIMS MADE OCCUR				MED EXP (Any one person) $
						PERSONAL & ADV INJURY $
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE $
		POLICY PRO-JECT LOC				PRODUCTS - COMP/OP AGG $
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) $
		ANY AUTO				
		ALL OWNED AUTOS				BODILY INJURY (Per person) $
		SCHEDULED AUTOS				
		HIRED AUTOS				BODILY INJURY (Per accident) $
		NON-OWNED AUTOS				
						PROPERTY DAMAGE (Per accident) $
		GARAGE LIABILITY				AUTO ONLY - EA ACC $
		ANY AUTO				OTHER THAN AUTO ONLY: AGG $
		EXCESS/UMBRELLA LIABILITY				EACH OCCUR $
		OCCUR CLAIMS MADE				AGGREGATE $
						$
		DEDUCTIBLE				$
		RETENTION $				$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS / OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT $
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE $
						E.L. DISEASE - POLICY LIMIT $
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2001/08) © ACORD CORPORATION 1988

EXAMPLE

DATE should be recent (7 – 10 days)

INSURERS: Check A.M. Best's rating (www.ambest.com)

EFFECTIVE DATE: Should be prior to or same as contract date.

EXPIRATION DATE: Should be after contract completion or you should suspend for follow up.

LIMITS: Should be same or greater than contract requires.

POLICY NUMBERS: Should match numbers on any applicable endorsements.

DESCRIPTION OF OPERATIONS: Ideally, this should be as broad as possible. This is also where broker should disclose any added policy restrictions.

CANCELLATION: Should provide at least 30 days notice. Some recommend striking out "endeavor to" wording and all words aft "left". Others believe such efforts are pointless given the wording on the form.. We recommend putting notice requirements in the contract.

AUTHORIZED REPRESENTATIVE: Usually, this will be the broker's signature.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

Our contracts will specify the names to be listed here (City of Brea, Elected Officials, Employees, City of Brea Redevelopment Agency, Attorneys, Agents, Volunteers, etc.)

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

EXAMPLE

 Copyright, Insurance Services Office, Inc., 1984

POLICY NUMBER: CG 24 04 10 93

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:

Our contracts will specify the names to be listed here (City of Brea, Elected Officials, Employees, City of Brea Redevelopment Agency, Attorneys, Agents, Volunteers, etc.)

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

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the products-completed operations hazard. This waiver applies only to the person or organization shown in the Schedule above.

EXAMPLE

 Copyright, Insurance Services Office, Inc., 1992