ADDITIONAL INSURED ENDORSEMENT

Without prejudice to coverage otherwise existing herein, the City of Portland, its officers, agents and employees are included as additional insureds under this policy as to any claim or claims for injury to person including death, or damage to property, resulting from or growing out of the operations of the named insured, including all operations by subcontractors, under a permit issued by the City of Portland.

It is understood and agreed that this policy shall not terminate or be cancelled prior to completion of the permit operations without first giving thirty (30) days written notice of intention to terminate or to cancel said policy to the Auditor of the City of Portland.

Notwithstanding the naming of additional insureds, the policy shall protect each insured in the same manner as though a separate policy has been issued to each; but nothing herein shall operate to increase the insured's liability as set forth elsewhere in the policy beyond the amount or amounts for which the insurer would have been liable if only one person or interest had been named as insured. The coverage applies as to claims between insureds on the policy. This endorsement assures that the policy complies with the terms and conditions of the named insured's permit with the City of Portland.

_____
INSURED'S NAME

_____
INSURER AFFORDING COVERAGE NAME

_____
POLICY NUMBER

EFFECTIVE DATES: From: _____To: _____

_____ _____
AUTHORIZED INSURANCE COMPANY REPRESENTATIVE'S ***SIGNATURE*** AUTHORIZED INSURANCE COMPANY REPRESENTATIVE'S ***TYPED or PRINTED NAME***

TITLE: _____

DATE: _____