

ADDITIONAL INSURED INSURANCE ENDORSEMENT

Attached to and forming a part of Policy Number: _____
and subject to all the provisions thereof.

Policy Inception: _____ Policy Expiration: _____

Effective Date of Endorsement: _____

Named Insured: _____

By: Insurance Reserve Fund
*Division of General Services
South Carolina Budget and Control Board
1122 Lady Street, Suite 600
P.O. Box 11066
Columbia, S.C. 29211

It is agreed that the "Definition of Insured" provision is amended to include as an Additional Insured the person or organization designated below, but only with respect to damage arising out of the ownership, maintenance or use of the property designated below. The Additional Insured is subject to all the rights, provisions, and conditions applying to a Named Insured under this policy in regard to the designated property, as its interest may appear at the time of loss.

SCHEDULE

Description of Property

Name and Address of Additional Ins.

If, at the time of any loss to the property described, there is any other insurance provided on the described property, the coverage under this policy shall apply only as excess and in no event as contributing insurance, and then only after all other insurance has been exhausted.

It is further understood that in the event of cancellation, non-renewal, or reduction in coverage of this policy, _____ days notice will be given to the party listed as the Additional Insured.

Authorized Representative

Date