| POLICY NUMBER:                                                                                         | *****                                                | COMMERCIA                                       | L GENERAL LIABILITY<br>CG 20 26 07 04 |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------|---------------------------------------|
| THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.                                         |                                                      |                                                 |                                       |
| ADDITIONAL INSURED DESIGNATED<br>PERSON OR ORGANIZATION                                                |                                                      |                                                 |                                       |
| This endorsement modi                                                                                  | fies insurance provided under th                     | e following:                                    |                                       |
| COMMERCIAL GENERAL LIABILITY COVERAGE PART                                                             |                                                      |                                                 |                                       |
| SCHEDULE                                                                                               |                                                      |                                                 |                                       |
| Name Of Additional Insured Person(s) Or Organization(s)                                                |                                                      | ALL THIS                                        |                                       |
|                                                                                                        | F THOUSAND OAKS, ITS DIRE<br>NTERS AND AGENTS AND RC |                                                 | INFORMATION<br>IS REQUIRED.           |
| DATE: Sunday, C                                                                                        |                                                      | STREET FAIR 2016<br>Wilbur Roads, Thousand Oaks | , CA 91360                            |
| WESTLAKE VILLA                                                                                         |                                                      |                                                 |                                       |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |                                                      |                                                 |                                       |

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

**B.** In connection with your premises owned by or rented to you.

## EXAMPLE FORM

Please get this information from your insurance agent or self-insured plan administrator.