

**Policy Number: XXXXXXXX**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED ENDORSEMENT**

This endorsement modifies insurance provided under the following.

**BUSINESS AUTO COVERAGE FORM**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement is effective on the inception date of the policy.

**SECTION II - LIABILITY COVERAGE 1. WHO IS AN INSURED** is amended to include as an "insured" the person(s) or organization(s) named in the Schedule below, but only with respect to their legal liability for acts or omissions of a person for whom Liability Coverage is afforded under this policy. You are authorized to act for the additional insured named in the Schedule in all matters pertaining to this insurance.

**SCHEDULE**

**Additional Insureds:**

The State of California; the Trustees of the California State University; California State University, Fullerton; and the officers, employees, volunteers and agents of each of them are additional insureds, except for professional liability and workers' compensation insurance.

All other terms and conditions of this Policy remain unchanged.