

## OREGON MUTUAL INSURANCE COMPANY BUSINESSOWNERS ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS

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

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS COVERAGE FORM

SCHEDULE*
Name Of Additional Insured Person(s) Or Organization(s):
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* Information required to complete this Schedule, if not shown on this andersement, will be shown in the
* Information required to complete this Schedule, if not shown on this endorsement, will be shown in the Declarations.

## The following is added to Paragraph C. Who Is An Insured in Section II – Liability:

- Any person(s) or organization(s) shown in the Schedule is also an additional insured, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
- a. Your acts or omissions; or
- **b.** The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) designated above.