

September 21, 2021

Pinal County Clerk of the Board
Attn: Natasha Kennedy
31 N Pinal St
Florence, AZ. 85132

To Whom It May Concern,

Enclosed is the permit request for a fireworks display for Saddlebrooke One on Thursday, November 11, 2021. The notification to the responding Fire District has been sent out as well.

Once the permit has been approved please send a copy to:
Fireworks Productions of Arizona
Attn: Cindy Herbel
17034 S. 54th Street
Chandler, AZ. 85226

If you have any questions regarding the shows or need any additional information please do not hesitate to contact me at the number listed below or via email (cindy@fireworksaz.com).

Pyrotechnically Yours,

A handwritten signature in black ink that reads "Cindy Herbel". The signature is written in a cursive, flowing style.

Cindy Herbel
Pyro Office Assistant

Encl: Permit Requests



PINAL COUNTY

WIDE OPEN OPPORTUNITY

PINAL COUNTY APPLICATION FOR FIREWORKS DISPLAY

Return to: Clerk of the Board Office, P.O. Box 827, Florence, Arizona 85132 at least 30 days prior to the event date.

Application is hereby made for the granting of a permit to conduct a supervised fireworks display on
(DATE) November 11, 2021 at (TIME) 7pm (PLACE) Saddlebrooke One, located at
(ADDRESS) 64500 E. Saddlebrooke Blvd. (CITY) Tucson, Arizona (ZIP) 85739. Applicant states that
Fireworks Productions of AZ will be in charge of this display and responsible for the acts performed thereby;
and Fireworks Productions of AZ states that she/he is a qualified and competent person to direct this
display in such a manner that will not be hazardous to property or endanger any person.

(DIRECTOR OF DISPLAY) Cindy Herbel

(PERSON IN CHARGE OF PREMISES WHERE DISPLAY IS LOCATED) Guy Garlinghouse

(PHONE NUMBER) 520-471-4447

NOTIFICATION OF LOCAL FIRE DISTRICT

Name of District: Golder Ranch Person Notified Jenn Akins

Date: 9/23/2021

OFFICIAL USE ONLY

APPROVAL OF FIREWORKS DISPLAY BY SHERIFF

I have investigated the premises described by the applicant and found them to be satisfactory and found him/her to be a competent operator.

Pinal County Sheriff

PERMIT FOR FIREWORKS DISPLAY

The application of Saddlebrooke One having been filed with the undersigned Board of Supervisor, pursuant to Section 36-1603, Arizona Revised Statutes, 1956, together with proper bond as provided by law and same having been approved by the Sheriff.

Permission is therefore and hereby granted to Fireworks Productions of Arizona to conduct a fireworks display at 64500 E. Saddlebrooke Blvd, Tucson, Arizona AND IN THE EVENT OF POSTPONEMENT OF SAID SHOW, said display be given not later than one week from date specified above.

Dated this 27 Day of October, 2021

PINAL COUNTY BOARD OF SUPERVISORS

By: _____
Chairman



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | |
|---|--|--|--|---------------------------------------|
| PRODUCER The Partners Group Ltd 11225 SE 6th St., Suite 110 Bellevue WA 98004 | | CONTACT NAME: Janet Nau PHONE (A/C, No, Ext): 425-455-5640 E-MAIL: jnau@tpgrp.com ADDRESS: jnau@tpgrp.com | | FAX (A/C, No): 425-455-6727 |
| INSURED FPA, LTD Fireworks Productions of Arizona 17034 S. 54th Street Chandler AZ 85226 | | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A : Everest Indemnity Insurance Co | | 10851 |
| | | INSURER B : Everest Denali Insurance Company | | 16044 |
| | | INSURER C : AXIS Surplus Lines Insurance Company | | 26620 |
| | | INSURER D : Travelers Property Casualty Co of America | | 25674 |
| | | INSURER E : | | |
| | | INSURER F : | | |

COVERAGES

CERTIFICATE NUMBER: 1270121273

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------------------------------|-----------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | Y Y | S18ML02344211 | 10/9/2021 | 10/9/2022 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | S18CA00258211 | 10/9/2021 | 10/9/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| C | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | P00100069169701 | 10/9/2021 | 10/9/2022 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N <input type="checkbox"/> N/A | TBD | 10/9/2021 | 10/9/2022 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ 1,000,000 E L DISEASE - EA EMPLOYEE \$ 1,000,000 E L DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | General Liability & Auto Excess over \$4M | | S18EX01790211 | 10/9/2021 | 10/9/2022 | Each Occurrence \$ 5,000,000 Aggregate \$ 5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The following are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract:
Date of Display: november 11, 2021
Location of Display: Saddlebrooke Golf Course
Additional Insured(s): Pinal County; Golder Ranch Fire District; Saddlebrooke Homeowners Association #1. Waiver of Subrogation applies per form attached.

CERTIFICATE HOLDER**CANCELLATION**

Saddlebrooke Homeowners Association #1
64500 E Saddlebrooke Blvd.
Tucson AZ 85739

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.


AUTHORIZED REPRESENTATIVE

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ACORD 25 (2010/05)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

 **TUCSON FIRE DEPARTMENT
CERTIFIED SHOOTER**

☒ Fireworks ☐ Pyrotechnics ☐ Flame Effects

Name: GUY GARLINGHOUSE

D.O.B: 1/20/70



Gender: MALE

Height: 6'1" Weight: 210 LB

Hair: BROWN Eyes: HAZEL

Issued: 05/14/18 Expires: 05/14/23

Cert#: 18-003



MERCHANTS
BONDING COMPANY™

MERCHANTS BONDING COMPANY (MUTUAL) P.O. BOX 14498, DES MOINES, IA 50306-3498
PHONE: (800) 678-8171 FAX: (515) 243-3854

FIREWORKS DISPLAY BOND

Bond No. AZ 423906

KNOW ALL PERSONS BY THESE PRESENTS, that we

Fireworks Productions of Arizona LTD

as Principal, and MERCHANTS BONDING COMPANY (MUTUAL), a corporation organized under the laws of the State of Iowa, and duly authorized and licensed to do business in the State of Arizona, as Surety, are firmly bound unto Pinal County

in the sum of One Thousand Dollars State of Arizona
DOLLARS (\$\$1,000.00)
lawful money of the United States, to the payment of which sum, well and truly to be made, the Principal and Surety bind themselves, their and each of their heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS the above bounden Principal Fireworks Productions of Arizona LTD desires to have a permit for Fireworks Display and in order to have such display it is necessary for said Fireworks Productions of Arizona LTD

to execute a surety bond in the amount of One Thousand Dollars Dollars (\$ \$1,000.00) conditioned for the payment of all damages which may be caused to persons or property by reason of the permitted display as provided in Chapter 46, Arizona Legislative Session Laws of 1941.

NOW, THEREFORE, if the said Fireworks Productions of Arizona LTD well and truly observe, carry out, perform and comply with all requirements, terms and provisions of the Ordinances of the Board of Supervisors of Pinal County, State of Arizona, conditioned for the payment of all damages which may be caused to persons or property by reason of the permitted display as provided in Chapter 46, Arizona Legislative Session Laws of 1941, for a period from 12:01 A.M. May 7, 2021 to 12:01 A.M. May 7, 2022 then this obligation to be void, and of no effect.

SIGNED, sealed and dated this 16th day of March, 2021.

Fireworks Productions of Arizona LTD
Principal

MERCHANTS BONDING COMPANY (MUTUAL)

By Shannon Lindeberg
Attorney-in-fact Shannon Lindeberg

MERCHANTS
BONDING COMPANY™
POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Shannon Lindeberg

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 16th day of March, 2021.



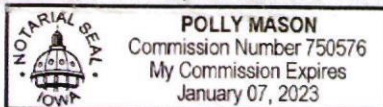
MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By

Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 16th day of March, 2021, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.



Polly Mason

Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 16th day of March, 2021.



William Warner Jr.
Secretary

EXHIBIT A



SADDLEBROOKE ONE
Thursday, November 11, 2021

15 Minute Show

Total Aerial Effects 695



Total Shells 295

Total in Basins 400

Opening:

Your show begins with an impressive series of powerful booms and beautiful color to excite and thrill the audience.

7 – 3" Chinese Fancy's

Aerial Display:

A large assortment of brilliantly-colored shells, including Chrysanthemums, Waves, Crowns, Peonies, Strobes, Brocade Crowns, Diadems, and Crossettes in gorgeous Reds, Yellows, Blues, Greens, Silvers, and Golds.

Your Aerial Display will contain a total of **225** aerial shells and **400** basin effects.

1 ½" - 3 FPA Premier Specialty Basins

3" - 225 Chinese Fancy's & Specials

GRANDE FINALE:

Your celebration will close in spectacular excitement as multiple styles of brilliantly-colored shells, rocket skyward growing and glowing in breath-taking Blues, Golds, Greens, Silvers, Yellows, Purples and Red.

Your Grande Finale consists of **63** – **3"** aerial shells

FIRE INSPECTIONS ADDED TO THIS PROJECT (CALL 520-825-5959 TO SCHEDULE):

-FIREWORKS

GOLDER RANCH FIRE DISTRICT - FIRE CODE REVIEW



APPROVED

BY:



APPROVED AS NOTED

JA 09/30/2021

APPROVAL OF PLANS AND SPECIFICATIONS SHALL NOT BE CONSTRUED TO BE A PERMIT FOR, OR APPROVAL OF, ANY VIOLATION OF PROVISIONS OF THE FIRE CODE

GRFD210138

Designed for Saddlebrooke One by: Fireworks Productions of Arizona



Site Map

Maximum Shell Size: 3"

Fireworks Productions of Arizona 480-948-0090

Saddlebrooke HOA

Tucson, AZ

EXHIBIT A



SADDLEBROOKE ONE

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Your Aerial Display will contain a total of 225 aerial shells and 400 basin effects.

1 ½" - **3** FPA Premier Specialty Basins

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Your Grande Finale consists of 63 – 3" aerial shells

Designed for Saddlebrooke One by: Fireworks Productions of Arizona



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/21/2021

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IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | | |
|---|--|---|--|---------------------------------------|--|
| PRODUCER The Partners Group Ltd 11225 SE 6th St., Suite 110 Bellevue WA 98004 | | CONTACT NAME: Janet Nau PHONE (A/C. No. Ext): 425-455-5640 E-MAIL ADDRESS: jnau@tpgrp.com | | FAX (A/C. No): 425-455-6727 | |
| | | INSURER(S) AFFORDING COVERAGE | | | |
| | | NAIC # | | | |
| | | INSURER A: Everest Indemnity Insurance Co 10851 | | | |
| | | INSURER B: Everest Denali Insurance Company 16044 | | | |
| | | INSURER C: AXIS Surplus Lines Insurance Company 26620 | | | |
| | | INSURER D: Travelers Property Casualty Co of America 25674 | | | |
| | | INSURER E: | | | |
| | | INSURER F: | | | |

COVERAGES

CERTIFICATE NUMBER: 1270121273

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|-----------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | Y | Y | S18ML02344211 | 10/9/2021 | 10/9/2022 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | SI8CA00258211 | 10/9/2021 | 10/9/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| C | UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ | | | P00100069169701 | 10/9/2021 | 10/9/2022 | EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | TBD | 10/9/2021 | 10/9/2022 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | General Liability & Auto Excess over \$4M | | | SI8EX01790211 | 10/9/2021 | 10/9/2022 | Each Occurrence 5,000,000 Aggregate 5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The following are included as Additional Insured on General Liability as their interest may appear as respects operations performed by or on behalf of the Named Insured, as required by written contract:
Date of Display: november 11, 2021
Location of Display: Saddlebrooke Golf Course
Additional Insured(s): Pinal County; Golder Ranch Fire District; Saddlebrooke Homeowners Association #1. Waiver of Subrogation applies per form attached.

CERTIFICATE HOLDER

CANCELLATION

Saddlebrooke Homeowners Association #1
64500 E Saddlebrooke Blvd.
Tucson AZ 85739

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2010/05)

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| |
|---|
| Name Of Additional Insured Person(s) Or Organization(s) |
| Date of Display: November 11, 2021 Location of Display: Saddlebrooke Golf Course Additional Insured(s): Pinal County; Golder Ranch Fire District; Saddlebrooke Homeowners Association #1 |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

A. 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" but only to the extent caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

B. The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.

C. The Limits of Insurance afforded to an additional insured shall be the lesser of the following:

1. The Limits of Insurance required by the written agreement between the parties; or
2. The Limits of Insurance provided by this Coverage Part.

D. With respect to the insurance afforded to an additional insured, the following additional exclusion applies:

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.

WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

| |
|--|
| Name Of Person Or Organization: |
|--|

| |
|--|
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |
|--|

The following is added to Paragraph **8. Transfer Of Rights Of Recovery Against Others To Us** of **Section IV – Conditions**:

We waive any right of recovery we may have against the person or organization shown in the Schedule above because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard". This waiver applies only to the person or organization shown in the Schedule above.