

# SAMPLE (B)



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

## WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

**Policy Number:**

**Endorsement Number:** 04

**Effective Date:**

Effective hour is the same as stated on the Information Page of the policy.

**Named Insured and Address:**

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2 % of the California workers' compensation premium otherwise due on such remuneration.

### SCHEDULE

**Person or Organization**

**Job Description**

CITY OF OAKLAND  
250 FRANK H OGAWA PLAZA  
OAKLAND, CA 94612

AFTER SCHOOL SERVICES AT  
OAKLAND SITE

Countersigned by \_\_\_\_\_

Authorized Representative

Form WC 04 03 06  
Process Date:

(1) Printed in U.S.A.

Policy Expiration Date: