

**THIS IS A SAMPLE OF THE ENDORSEMENT THAT SHOULD BE ATTACHED TO THE INSURANCE POLICY OF CONTRACTORS WHO PROVIDE SERVICES (BUILDING, REPAIR, SECURITY, MAINTENANCE, ETC.) TO THE PARISH, OF A GROUP (NON-PROFIT ORGANIZATION) THAT USES PARISH FACILITIES, OR A LESSEE OF PARISH OR DIOCESAN PROPERTY.**

\* \* \* \* \*

**ENDORSEMENT**

No. \_\_\_\_\_

IT IS UNDERSTOOD AND AGREED THAT THIS POLICY IS AMENDED TO INCLUDE THE FOLLOWING:

**THE ROMAN CATHOLIC CHURCH, DIOCESE OF TUCSON AND PARISH CORPORATIONS,**

\_\_\_\_\_  
(other corporate names if any)

AND ALL OF ITS (THEIR) OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS ARE INCLUDED AS ADDITIONAL INSURED(S).

IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS INSURANCE SHALL BE PRIMARY AND NOT CONTRIBUTING WITH ANY OTHER INSURANCE IN EFFECT FOR THE ADDITIONAL INSURED(S).

IN THE EVENT OF CANCELLATION OF OR MATERIAL CHANGE IN THIS COVERAGE, THIRTY (30) DAYS ADVANCE WRITTEN NOTICE OF SUCH CANCELLATION OR CHANGE WILL BE GIVEN TO THE ADDITIONAL INSURED AT THE FOLLOWING ADDRESS:

**THE ROMAN CATHOLIC CHURCH, DIOCESE OF TUCSON AND PARISH CORPORATIONS**

**c/o PROPERTY AND INSURANCE OFFICE  
P.O. BOX 31  
TUCSON, ARIZONA 85702-0031**

Effective Date \_\_\_\_\_

All other terms and conditions unchanged.

Attached to Policy No. \_\_\_\_\_ of the \_\_\_\_\_  
(NAME OF COMPANY)

Issued to \_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
(AUTHORIZED REPRESENTATIVE)