

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

POLICY CHANGE

This endorsement changes the policy effective on the Inception Date of the policy unless another date is indicated below:

Policy Number: 57 SBM BL1017 SC

Named Insured and Mailing Address; JAMIE LEE EVANS

574 ROSAL AVE STE A

OAKLAND CA 94610

Policy Change Effective Date: 09/03/19 Effective hour is the same as stated in the

Declarations Page of the Policy.

Policy Change Number: 001

Agent Name: JEFFREY WONG INSURANCE AGENCY

Code: 101910

POLICY CHANGES:

SENTINEL INSURANCE COMPANY, LIMITED

ANY CHANGES IN YOUR PREMIUM WILL BE REFLECTED IN YOUR NEXT BILLING STATEMENT.IF YOU ARE ENROLLED IN REPETITIVE EFT DRAWS FROM YOUR BANK ACCOUNT, CHANGES IN PREMIUM WILL CHANGE FUTURE DRAW AMOUNTS.

THIS IS NOT A BILL.

NO PREMIUM DUE AS OF POLICY CHANGE EFFECTIVE DATE

BUSINESS LIABILITY OPTIONAL COVERAGES ARE REVISED

ADDITIONAL INSURED(S) ARE ADDED
THE FOLLOWING ARE ADDITIONAL INSURED FOR BUSINESS LIABILITY COVERAGE IN
THIS POLICY.

LOCATION 001 BUILDING 001

PERSON/ORGANIZATION: SEE FORM IH 12 00

FORM NUMBERS OF ENDORSEMENTS ADDED AT ENDORSEMENT ISSUE:

PRO RATA FACTOR: 1.000

THIS ENDORSEMENT DOES NOT CHANGE THE POLICY EXCEPT AS SHOWN.

Form SS 12 11 04 05 T

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Process Date: 09/05/19

Policy Effective Date: 10/02/

Policy Effective Date: 10/02/18
Policy Expiration Date: 10/02/19

POLICY CHANGE (Continued)

Policy Number: 57 SBM BL1017

Policy Change Number: 001

IH12001185 ADDITIONAL INSURED - PERSON-ORGANIZATION

Form SS 12 11 04 05 T Process Date: 09/05/19

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Policy Effective Date: 10/02/18

Policy Expiration Date: 10/02/19

POLICY NUMBER: 57 SBM BL1017



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ADDITIONAL INSURED - PERSON-ORGANIZATION

COUNTY OF HUMBOLDT 825 5TH STRM 131 EUREKA, CA 95501-1107 ATTN; RISK MANAGEMENT

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Process Date: 09/05/19 Expiration Date: 10/02/19