THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

CMP-4787 WAIVER OF TRANSFER OF RIGHTS OR RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following: **BUSINESSOWNERS COVERAGE FORM**

SCHEDULE

Policy Number: G 90 CEN133 0

Named Insured:

DIMENSION REPORTS LLC 237 ROCHELLE CT ROSEVILLE CA

Name And Address Of Person Or Organization:

HUMBOLDT COUNTY DHHS - MENTAL HEALTH 507 F ST EUREAKA, CA 95501

The following is added to Paragraph 10.b. of SECTION I AND SECTION II — COMMON POLICY CONDITIONS:

We waive any right of recovery we may have against the person or organization shown in the Schedule because of payments we make for injury or damage arising out of:

- a. Your ongoing operations; or
- b. "Your work" done under contract with that person or organization and included in the "productscompleted operations hazard".

This waiver applies only to the person or organization shown in the Schedule.

All other policy provisions apply.

CMP-4787

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