



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



**ADDITIONAL REMARKS SCHEDULE**

|  |                         |   |  |
|--|-------------------------|---|--|
| AGENCY<br>Willis of Pennsylvania, Inc. |                         | NAMED INSURED<br>Aramark Correctional Services, LLC<br>Aramark Services, Inc. Its Divisions & Subsidiaries<br>Aramark Tower<br>1101 Market Street, 30th Floor<br>Philadelphia, PA 19107 USA |  |
| POLICY NUMBER<br>See Page 1            |                         | EFFECTIVE DATE: See Page 1  |  |
| CARRIER<br>See Page 1                  | NAIC CODE<br>See Page 1 |   |  |

**ADDITIONAL REMARKS**

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

The City and County of San Francisco, its Officers, Agents, and Employees are included as Additional Insureds per policy terms & conditions.

Above insurance is Primary and Non-Contributory to any other insurance as respects the liability arising out of ARAMARK's negligent act or omission.

Waiver of Subrogation is provided in favor of Additional Insureds with respects to Workers Compensation per policy terms & conditions as permitted by law.

INSURER AFFORDING COVERAGE: ACE American Insurance Company NAIC#: 22667  
POLICY NUMBER: SCF C64412681    EFF DATE: 10/01/2017    EXP DATE: 10/01/2018

| TYPE OF INSURANCE:         | LIMIT DESCRIPTION:    | LIMIT AMOUNT: |
|----------------------------|-----------------------|---------------|
| Worker's Compensation - WI | E.L. Each Accident:   | \$5,000,000   |
| Empl Liability             | E.L. Disease-Pol Lim: | \$5,000,000   |
| Per Statute                | E.L. Disease-Ea Empl: | \$5,000,000   |

**ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION**

|   |                            |   |   |
|---|----------------------------|---|---|
| Named Insured Aramark Services, Inc.                                    |                            |   | Endorsement Number<br>12                    |
| Policy Symbol<br>HDO  | Policy Number<br>G27867340 | Policy Period<br>10/01/2017 TO 10/01/2018 | Effective Date of Endorsement<br>10/01/2017 |
| Issued By (Name of Insurance Company)<br>ACE American Insurance Company |                            |   |   |

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

**THIS ENDORSEMENT MODIFIES INSURANCE PROVIDED UNDER THE FOLLOWING:**

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM**

SCHEDULE

Name of Person or Organization

- 1) Any person, organization or entity for whose protection and benefit the Named Insured has or shall have, by contract or agreement, agreed to procure liability insurance; or
- 2) Any person, organization or entity designated as an additional insured by a Certificate of Insurance.

WHO IS AN INSURED (Section II) is amended to include as an additional insured the person, organization or entity shown in the Schedule above, but only with respect to liability arising out of the Named Insured's operations or work performed by the Named Insured or others acting on the Named Insured's behalf, or premises owned, managed or controlled by or rented to the Named Insured.

With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

Additionally, the coverage provided to the additional insured shall not exceed, and is limited by, the scope of coverage that the Named Insured has agreed by contract or agreement to procure for the Additional Insured.

This endorsement is issued by the Company designated in the Declarations.

All other provisions of the policy remain unchanged.

## AUTOMATIC ADDITIONAL INSURED ENDORSEMENT

|   |                            |   |   |
|---|----------------------------|---|---|
| Named Insured Aramark Services, Inc.                                    |                            |   | Endorsement Number<br>7                     |
| Policy Symbol<br>ISA  | Policy Number<br>H09060625 | Policy Period<br>10/01/2017 TO 10/01/2018 | Effective Date of Endorsement<br>10/01/2017 |
| Issued By (Name of Insurance Company)<br>ACE American Insurance Company |                            |   |   |

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

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

**This endorsement modifies insurance provided under the following:**

**BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM**

**SECTION II - LIABILITY COVERAGE, WHO IS AN INSURED** is amended to include as an "insured" any person or organization you are required in a written contract or agreement to name as an Additional Insured on your policy but only for "bodily injury" or "property damage" to which this insurance applies if the "accident" is caused by:

1. You, while using a covered "auto" or
2. Any other person, while using a covered "auto" with your permission.

The insurance provided by this endorsement shall be subject to the following additional condition:

1. The Limit of Insurance provided for the Additional Insured shall not be greater than those required by contract and, in no event, shall the policy Limits of Insurance be increased by the contract.
2. All insuring agreements, exclusions, terms and conditions of the policy shall apply to the coverage (s) provided to the Additional Insured, and such coverage shall not be enlarged or expanded by reason of the contract.
3. Coverage provided by this endorsement shall be excess over any other valid and collectible insurance available to the Additional Insured (s) whether primary, excess, contingent or on any other basis unless the contract specifically requires that this insurance be primary or you request that it apply on a primary basis prior to loss.

Paul Kimball, Underwriter  
\_\_\_\_\_  
Authorized Representative

**Workers' Compensation and Employers' Liability Policy**

|   |  |
|---|--|
| Named insured<br>ARAMARK SERVICES, INC.<br>1101 MARKET STREET<br>GLOBAL RISK MANAGEMENT 30TH FLOOR  | Endorsement Number                             |
|   | Policy Number<br>Symbol: WLR Number: C64412668 |
| Policy Period<br>10-01-2017 TO 10-01-2018   | Effective Date of Endorsement<br>10-01-2017    |
| Issued By (Name of Insurance Company)<br>ACE AMERICAN INSURANCE COMPANY   |  |
| Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. |  |

**CALIFORNIA WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT**

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

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, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

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

Schedule

1. ( ) Specific Waiver  
Name of person or organization:

( X ) Blanket Waiver  
Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.


2. Operations:

ALL OPERATIONS CONDUCTED BY AN INSURED PURSUANT TO SUCH  
WRITTEN CONTRACT

3. Premium:

The premium charge for this endorsement shall be 2.0 percent of the California premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Minimum Premium : 00



Authorized Agent