

Form #AI-EB (Rev. April 14, 2016)
Schedule of Additional Insureds

APPLICABLE TO EQUIPMENT BREAKDOWN INSURANCE

It is understood and agreed that following are added to this Policy as Additional Insured(s), but only with respect to the operations of the Named Insured.

Name and Address of Additional Insured	Interests

It is hereby agreed that if this Policy is cancelled by the Underwriters for any reason other than non-payment of premium or at the request of the Named Insured, we will send 30 days written notice of cancellation to the designated entity shown in the schedule below. Failure to provide such notice shall not affect the Underwriters rights to cancel the Policy, nor shall it affect the cancellation of this Policy with regard to any entity that is not listed below or, if listed below, any entity to whom such notice is provided.

Nothing herein contained shall vary, alter or extend any provision or condition of the Policy other than as above stated.

SAMPLE