Workers' Compensation and Employers' Liability Policy

Named Insured	Endorsement Number
GLOBAL MEDICAL RESPONSE, INC. 6363 S. FIDDLERS GREEN CIRCLE 14TH FLOOR GREENWOOD VILLAGE, CO 80111	Policy Number Symbol: WLR Number: C5519870
Policy Period 03/31/2024 TO 03/31/2025	Effective Date of Endorsement 7/10/2024
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	

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: The County of Humboldt its officers, officials, employees, representatives and volunteers

   ( ) Blanket Waiver

2. Operations:
   ALL OPERATIONS CONDUCTED BY AN INSURED PURSUANT TO SUCH WRITTEN CONTRACT

3. Premium:

   The premium charge for this endorsement shall be 1.0 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: $0

Authorized Representative