



A.B. WON PAT INTERNATIONAL AIRPORT AUTHORITY, GUAM

ATURIDAT PUETTON BATKON AIREN GUAHAN ENTENASIONAT

P.O. Box 8770, Tamuning, GU 96931

Tel: (671) 642-4452 / 55 / 56 / 59 / 60 Fax: (671) 647-2678

**ADDITIONAL INSURED ENDORSEMENT**

**NAMED INSURED AND ADDRESS:**

**DESCRIPTION OF AGREEMENTS AND / OR ACTIVITIES INSURED:**

All written agreements, contracts and leases with the A.B. Won Pat International Airport Authority, Guam (GIAA,) and/or any and all activities or works performed on any premises owned or controlled by the GIAA.

Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or in any endorsement now or hereafter attached thereto, it is understood and agreed:

1. The Government of Guam, the Guam International Airport Authority, its elected officials, directors, officers, employees and agents are additional insureds thereunder in relation to those activities described generally above with regards to all operations performed by or on behalf of the named insured.
2. Such insurance shall be primary, and not contributing with any other insurance maintained by the Government of Guam or the GIAA.
3. The policy to which this endorsement is attached shall apply separately to each insured against whom claim is made or suit is brought except with respect to the limits of the company's liability.
4. The policy to which the endorsement is attached shall not be subject to cancellation, change in coverage, reduction of limits or non-renewal except after written notice to the Executive Manager of the GIAA by certified mail, (Return Receipt Requested,) not less than thirty (30) days prior to the effective date thereof.

**ADDRESS NOTICE TO:**

EXECUTIVE MANAGER  
A.B. Won Pat International Airport Authority, Guam  
P.O. Box 8770  
Tamuning, GU 96931

**ISSUE ENDORSEMENT TO:**

PROPERTY MANAGEMENT OFFICE  
A.B. Won Pat International Airport Authority, Guam  
P.O. Box 8770  
Tamuning, GU 96931

Except as stated above and not in conflict with this endorsement, nothing contained herein shall be held to waive, alter or extend any of the limits, agreements or exclusions of the policy to which this endorsement is attached.

ENDORSEMENT NO.:	EFFECTIVE DATE:	POLICY NO.:

\_\_\_\_\_  
INSURANCE COMPANY

I, \_\_\_\_\_ (Type / Print Name)  
hereby declare under penalty of perjury, under the laws of the Territory of Guam, that I have the authority to bind the above-named insurance company to this endorsement and by my execution hereof, do so bind the company.

\_\_\_\_\_  
AUTHORIZED SIGNATURE (ORIGINAL ONLY)

Executed at:

this day of:

Telephone: