

**AMENDMENT NO. 4
TO PROFESSIONAL SERVICES AGREEMENT
BETWEEN COUNTY OF MONTEREY AND
GRANITE ROCK COMPANY DBA FMG**

THIS AMENDMENT NO. 4 to the Professional Services Agreement between the County of Monterey, a political subdivision of the State of California (hereinafter, "County") and Granite Rock Company dba FMG (hereinafter, "CONTRACTOR") is hereby entered into between the County and the CONTRACTOR (collectively, the "Parties") and effective as of the last date opposite the respective signatures below.

WHEREAS, CONTRACTOR's predecessor in interest, Fonseca/McElroy Grinding Company, Inc. entered into a Professional Services Agreement with County on May 11, 2012 (hereinafter, "Agreement") to provide on-call rental of a fully operated, fueled and maintained asphalt grinding machine; and

WHEREAS, Agreement was amended by the Parties on September 26, 2012 (hereinafter, "Amendment No. 1", including Exhibit A-1 – Scope of Services/Payment Provisions) to include on-call rental of a fully operated, fueled and maintained paver machine; and

WHEREAS, Agreement was further amended by the Parties on July 9, 2013 to extend the term to June 30, 2014 and to update the Price Lists (hereinafter, "Amendment No. 2", including Exhibit A-2 – 2013 Price Lists), and on June 30, 2014 to extend the term to June 30, 2015 and to increase the amount (hereinafter, "Amendment No. 3"); and

WHEREAS, CONTRACTOR entered into an Agreement of Merger with Granite Rock Acquisition Corp., a California Corporation, in its capacity as the "Merging Corporation", on April 30, 2014 (the "Merger Agreement"); and

WHEREAS, pursuant to said Merger Agreement, CONTRACTOR, in its capacity as the "Surviving Corporation" changed its legal entity name and is presently conducting business in the name of "Granite Rock Company dba FMG" (CONTRACTOR); and

WHEREAS, County has a continued need for on-call rental of fully operated, fueled and maintained asphalt grinding and paver machines at various locations in the County as directed by the County of Monterey, Resource Management Agency – Public Works; and

WHEREAS, the CONTRACTOR's Price Lists require an update effective July 1, 2015; and

WHEREAS, the Parties wish to further amend the Agreement to extend the term to June 30, 2016 and to update the Price Lists to continue to provide services identified in the Agreement and as amended by this Amendment No. 4.

Amendment No. 4 to Professional Services Agreement
Granite Rock Company dba FMG
On-Call Rental of Fully Operated, Fueled and Maintained
Asphalt Grinding and Paver Machines
RMA – Public Works
Term: May 1, 2012 – June 30, 2016
Not to Exceed: \$450,000

NOW, THEREFORE, the Parties agree to amend the Agreement as follows:

1. In all places within the Agreement, and any amendment thereto, any reference to Fonseca/McElroy Grinding Company, Inc. is hereby replaced with Granite Rock Company dba FMG.
2. In all places within the Agreement, and any amendment thereto, any reference to Exhibit A-2 – 2013 Price Lists is hereby replaced with Exhibit A-3 – 2015 Price Lists which the Parties understand and agree shall be effective as of July 1, 2015.
3. Amend the first sentence of Paragraph 3, "Term of Agreement", to read as follows:

The term of this Agreement is from May 1, 2012 to June 30, 2016, unless sooner terminated pursuant to the terms of this Agreement.
4. Amend Paragraph 4, "Additional Provisions/Exhibits", to delete "Exhibit A-2, 2013 Price Lists" and add "Exhibit A-3, 2015 Price Lists" which shall be effective as of July 1, 2015.
5. All other terms and conditions of the Agreement remain unchanged and in full force.
6. This Amendment No. 4 shall be attached to the Agreement and incorporated therein as if fully set forth in the Agreement.
7. The recitals to this Amendment No. 4 are incorporated into the Agreement and this Amendment No. 4.

Amendment No. 4 to Professional Services Agreement
Granite Rock Company dba FMG
On-Call Rental of Fully Operated, Fueled and Maintained
Asphalt Grinding and Paver Machines
RMA – Public Works
Term: May 1, 2012 – June 30, 2016
Not to Exceed: \$450,000

IN WITNESS WHEREOF, the Parties hereto have executed this Amendment No. 4 to the Agreement which shall be effective as of the last date opposite the respective signatures below.

COUNTY OF MONTEREY

By: W.T. Skinner
Deputy Purchasing Agent
Contracts/Purchasing Officer
County of Monterey

Date: 6/23/15

Approved as to Form and Legality
Office of the County Counsel

By: Mary Grace Perry
Deputy County Counsel

Date: 6-19-15

Approved as to Fiscal Provisions

By: Don Holly
Auditor/Controller

Date: 6/22/15

Approved as to Indemnity and Insurance Provisions

By: _____
Risk Management

Date: _____

CONTRACTOR*

Granite Rock Company dba FMG
Contractor's Business Name

By: [Signature]
(Signature of Chair, President or Vice President)

Its: KEVIN JEFFERY, V.P.
(Print Name and Title)

Date: 06.19.15

By: [Signature]
(Signature of Secretary, Asst. Secretary, CFO,
Treasurer or Asst. Treasurer)

Its: Stephen Snodgrass, CFO
(Print Name and Title)

Date: 6.19.15

*INSTRUCTIONS: IF CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

Amendment No. 4 to Professional Services Agreement
Granite Rock Company dba FMG
On-Call Rental of Fully Operated, Fueled and Maintained
Asphalt Grinding and Paver Machines
RMA - Public Works
Term: May 1, 2012 - June 30, 2016
Not to Exceed: \$450,000

EXHIBIT A-3 - 2015 PRICE LISTS



A Granite Rock Division

2015 Cold Planer Price List

48" Mill

- Front Loading \$3,000.00 Per 8 hour day; Machine and Operator
- Track Drive \$600.00 Per 8 hour day; Groundman
- 11 1/2 Max Cutting Depth \$400.00 Overtime Per hour
- \$3,400.00 Saturday (8hr)
- \$3,600.00 Sunday (8hr)

6'8" Mill

- Front Loading \$4,000.00 Per 8 hour day; Machine/Operator/Groundman
- Track Drive \$500.00 Overtime Per hour
- 11 1/2 Max Cutting Depth \$4,400.00 Saturday (8hr)
- \$4,600.00 Sunday (8hr)

7' Mill

- Front Loading \$4,500.00 Per 8 hour day; Machine/Operator/Groundman
- Track Drive \$500.00 Overtime Per hour
- 11 1/2 Max Cutting Depth \$4,900.00 Saturday (8hr)
- \$5,100.00 Sunday (8hr)

Note: Transport fees are included in the daily rental rate of each Milling Machine.
(Includes In and Out Transportation Service). For night work, add \$250 to the published rate. Replacement teeth are billed at \$5.00 per tool.

EXHIBIT A-3 - 2015 PRICE LISTS



A Granitarock Division

2015 Paver Price List

4' Tracked Trench Paver (4' to 6'-7")

- Machine and One Operator \$2,500.00 Per 8 hour min day (Monday - Friday)
 - Standby Rental \$1,200.00 Per day (Monday - Friday)
 - Screed Operator/Laborer \$600.00 Per 8 hour min day.
 - (O.T. if necessary) \$300.00 Overtime Per hour after 8 hrs.
- *Call For Availability

8' Tracked LeeBoy Low Deck 8500 (8' to 13')

- Machine and One Operator \$2,500.00 Per 8 hour min day (Monday - Friday)
 - Standby Rental \$1,200.00 Per day (Monday - Friday)
 - Screed Operator/Laborer \$600.00 Per 8 hour min day
 - (O.T. if necessary) \$300.00 Overtime Per hour after 8 hrs.
- *Call For Availability

Note: Transport fees are included in the daily rental rate of each paving machine.
(Includes In and Out transportation service).



303844

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/2/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Construction & Real Estate Practice Wells Fargo Insurance Services USA, Inc - CA Lic#: 0D08408 959 Skyway Rd., 2nd Fl San Carlos, CA 94070 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): 866-358-1487 E-MAIL: CertRequests@wellsfargo.com ADDRESS: | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|--------|------------|------------------------------|-------|------------|------------------------------------|-------|------------|-----------------------------------|-------|------------|--|--|------------|--|--|------------|--|--|
| INSURED Granite Rock Company dba FMG PO Box 50001 Watsonville, CA 95077 | <table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Zurich American Insurance Co</td><td>16535</td></tr><tr><td>INSURER B:</td><td>Westchester Fire Insurance Company</td><td>10030</td></tr><tr><td>INSURER C:</td><td>American Zurich Insurance Company</td><td>40142</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table> | INSURER(S) AFFORDING COVERAGE | | NAIC # | INSURER A: | Zurich American Insurance Co | 16535 | INSURER B: | Westchester Fire Insurance Company | 10030 | INSURER C: | American Zurich Insurance Company | 40142 | INSURER D: | | | INSURER E: | | | INSURER F: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # | | | | | | | | | | | | | | | | | | | | |
| INSURER A: | Zurich American Insurance Co | 16535 | | | | | | | | | | | | | | | | | | | | |
| INSURER B: | Westchester Fire Insurance Company | 10030 | | | | | | | | | | | | | | | | | | | | |
| INSURER C: | American Zurich Insurance Company | 40142 | | | | | | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | | | | | | | | |

COVERAGES CERTIFICATE NUMBER: 9191271 REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------|---------------|-------------------------|-------------------------|--|--|----|-----------|---|----|-----------|------------------------------|----|-----------|--------------------------------|----|-----------|-------------------|----|-----------|-----------------------|----|-----------|--|----|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Hazards <input checked="" type="checkbox"/> Contractual Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | X | GLO347266813 | 09/30/2014 | 09/30/2015 | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$</td><td>300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$</td><td>10,000</td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$</td><td>1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr><tr><td>PRODUCTS - COM/OP AGG</td><td>\$</td><td>2,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table> | EACH OCCURRENCE | \$ | 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 | MED EXP (Any one person) | \$ | 10,000 | PERSONAL & ADV INJURY | \$ | 1,000,000 | GENERAL AGGREGATE | \$ | 2,000,000 | PRODUCTS - COM/OP AGG | \$ | 2,000,000 | | \$ | |
| EACH OCCURRENCE | \$ | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 300,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| MED EXP (Any one person) | \$ | 10,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL & ADV INJURY | \$ | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENERAL AGGREGATE | \$ | 2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| PRODUCTS - COM/OP AGG | \$ | 2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | X | BAP347266913 | 09/30/2014 | 09/30/2015 | <table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td><td>1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td><td></td></tr><tr><td></td><td>\$</td><td></td></tr></table> | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | BODILY INJURY (Per person) | \$ | | BODILY INJURY (Per accident) | \$ | | PROPERTY DAMAGE (Per accident) | \$ | | | \$ | | | | | | | |
| COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per person) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BODILY INJURY (Per accident) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY DAMAGE (Per accident) | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE RETENTION \$ | | G22009163010 | 09/30/2014 | 09/30/2015 | <table border="1"><tr><td>EACH OCCURRENCE</td><td>\$</td><td>2,000,000</td></tr><tr><td>AGGREGATE</td><td>\$</td><td>2,000,000</td></tr><tr><td></td><td>\$</td><td></td></tr></table> | EACH OCCURRENCE | \$ | 2,000,000 | AGGREGATE | \$ | 2,000,000 | | \$ | | | | | | | | | | | | | |
| EACH OCCURRENCE | \$ | 2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGGREGATE | \$ | 2,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N N/A | | WC347266713 | 09/30/2014 | 09/30/2015 | <table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td><td>1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td><td>1,000,000</td></tr></table> | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | | | E.L. EACH ACCIDENT | \$ | 1,000,000 | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | | | | | | | | | |
| <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | \$ | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 | | | | | | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

UGL1175ECW0412, CA20480299 County of Monterey, its agents, officers and employees is named as additional insured as respects general liability and automobile liability per endorsements attached.

CERTIFICATE HOLDER

County of Monterey
Contracts/Purchasing Department
168 West Alisal Street, 3rd Floor
Salinas, CA 93901

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Additional Insured – Automatic – Owners, Lessees Or Contractors



| Policy No. | Eff. Date of Pol. | Exp. Date of Pol. | Eff. Date of End. | Producer No. | Add'l. Prem. | Return Prem. |
|--------------|-------------------|-------------------|-------------------|--------------|--------------|--------------|
| GLO347266813 | 09/30/2014 | 09/30/2015 | | | | |

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Insured: Granite Rock Company dba FMG

Address (including ZIP Code): PO Box 50001

Watsonville, CA 95077

This endorsement modifies insurance provided under the:

Commercial General Liability Coverage Part

A. Section II – Who Is An Insured is amended to include as an insured any person or organization who you are required to add as an additional insured on this policy under a written contract or written agreement.

However, if you have entered into a construction contract or construction agreement with an additional insured person or organization, the insurance afforded to such additional insured only applies to the extent permitted by law.

B. The insurance provided to the additional insured person or organization applies only to "bodily injury", "property damage" or "personal and advertising injury" covered under Section I – Coverage A – Bodily Injury And Property Damage Liability and Section I – Coverage B – Personal And Advertising Injury Liability, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf,

and resulting directly from your ongoing operations or "your work" as included in the "products-completed operations hazard", which is the subject of the written contract or written agreement.

C. However, regardless of the provisions of Paragraphs A. and B. above:

1. We will not extend any insurance coverage to any additional insured person or organization:
 - a. That is not provided to you in this policy; or
 - b. That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement; and
2. We will not provide Limits of Insurance to any additional insured person or organization that exceed the lower of:
 - a. The Limits of Insurance provided to you in this policy; or
 - b. The Limits of Insurance you are required to provide in the written contract or written agreement.

D. The insurance provided to the additional insured person or organization does not apply to:

"Bodily Injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:

1. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
2. Supervisory, inspection, architectural or engineering activities.

E. The following is added to Paragraph 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit of Section IV – **Commercial General Liability Conditions:**

The additional insured must see to it that:

1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim;
2. We receive written notice of a claim or "suit" as soon as practicable; and
3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured, if the written contract or written agreement requires that this coverage be primary and non-contributory.

F. For the coverage provided by this endorsement:

1. The following paragraph is added to Paragraph 4.a. of the Other Insurance Condition of Section IV – **Commercial General Liability Conditions:**

This insurance is primary insurance as respects our coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and non-contributory with respect to any other policy upon which the additional insured is a Named Insured. In that event, we will not seek contribution from any other such insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.

2. The following paragraph is added to Paragraph 4.b. of the Other Insurance Condition of Section IV – **Commercial General Liability Conditions:**

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.

- G. This endorsement does not apply to an additional insured which has been added to this policy by an endorsement showing the additional insured in a Schedule of additional insureds, and which endorsement applies specifically to that identified additional insured.

All other terms and conditions of this policy remain unchanged.

POLICY NUMBER: BAP347266913

COMMERCIAL AUTO
CA 20 48 02 99

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED


This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

| | |
|---|---|
| Endorsement Effective: 09/30/2014 | Countersigned By:  (Authorized Representative) |
| Named Insured: Granite Rock Company dba FMG | |

SCHEDULE

Name of Person(s) or Organization(s):

ANY PERSON OR ORGANIZATION TO WHOM OR WHICH YOU ARE REQUIRED TO PROVIDE ADDITIONAL INSURED STATUS OR ADDITIONAL INSURED STATUS ON A PRIMARY, NON-CONTRIBUTORY BASIS, IN A WRITTEN CONTRACT OR WRITTEN AGREEMENT EXECUTED PRIOR TO LOSS, EXCEPT WHERE SUCH CONTRACT OR AGREEMENT IS PROHIBITED BY LAW.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

