



ADDITIONAL INTEREST SCHEDULE

DATE (MM/DD/YYYY)
12/27/2024

AGENCY		CARRIER Great American Insurance Company	NAIC CODE 16691
POLICY NUMBER GAP136703/PAC 4725036		EFFECTIVE DATE 12/27/2024 12:00 AM	NAMED INSURED(S) Santa Clarita Basketball Academy

ADDITIONAL INTEREST (Not all fields apply to all scenarios – provide only the necessary data)

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		Santa Clarita Athletic Club 24640 Wiley Canyon Rd. Santa Clarita, CA 91321							LOCATION:	BUILDING:
									VEHICLE:	BOAT:
									AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:	ITEM DESCRIPTION	
REFERENCE / LOAN #:					INTEREST END DATE:					
LIEN AMOUNT:					PHONE (A/C, No, Ex):			FAX (A/C, No):		

REASON FOR INTEREST:

E-MAIL ADDRESS:

INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		Santa Clarita Community College District College of the Canyons 26455 Rockwell Canyon Road Santa Clarita, CA 91355							LOCATION:	BUILDING:
									VEHICLE:	BOAT:
									AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:	ITEM DESCRIPTION	
REFERENCE / LOAN #:					INTEREST END DATE:					
LIEN AMOUNT:					PHONE (A/C, No, Ex):			FAX (A/C, No):		

REASON FOR INTEREST:

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INTEREST <input checked="" type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BEACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER	<input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER		
		William S. Hart Union High School District 21380 Centre Pointe Parkway Santa Clarita, CA 91350							LOCATION:	BUILDING:
									VEHICLE:	BOAT:
									AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:	ITEM DESCRIPTION	
REFERENCE / LOAN #:					INTEREST END DATE:					
LIEN AMOUNT:					PHONE (A/C, No, Ex):			FAX (A/C, No):		

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The above are added as additional insured but only with respect to liability arising out of operations of the named insured during the policy period.