Additional Insured(s)



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Add'l Prem.	Return Prem.
EOL 5331097-06	04/15/11	04/15/12	10/21/11	N/A	N/A

Named Insured and Address:

Collette Travel Service, Inc. 162 Middle Street Pawtucket, RI 02860

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Travel Agents and Tour Operators Professional Liability Coverage Form

It is hereby understood and agreed that the following is added to Section III - PERSONS INSURED:

Any person(s) or organization(s) listed in the schedule below but only with respect to the **Travel Agency Operations** of the **Named Insured.**

It is further understood and agreed that Section II - EXCLUSIONS, Paragraph X1 is deleted in its entirety but only with respects to the **Insured(s)** listed in the schedule below.

<u>Schedule</u>

Insured(s):

Las Positas College 3033 Collier Canyon Road Livermore, CA 94551 Attn: Frances Denisco

ALL OTHER TERMS AND CONDITIO	ONS OF THIS POLICY REMAIN UNCHANGED.
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Signed by: November 22, 2011

Authorized Representative Date