THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED BY CONTRACT OR AGREEMENT PRIMARY BASIS

This endorsement modifies insurance provided under the following Coverage Form:

COMMERCIAL GENERAL LIABILITY
PRODUCTS/COMPLETED OPERATIONS
LIABILITY LIQUOR LIABILITY
POLLUTION LIABILITY

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

SCHEDULE

Name of Additional Insured Person(s) or Organization(s):
As required by written contract or agreement when such written contract or agreement is executed prior to an occurrence, offense or loss to which this endorsement applies, but only for the limits agreed to in such contract or the Limits of Liability provided by this policy, whichever is less. Any individually scheduled additional insureds shall not be construed to override nor negate this blanket additional insured.

Designated Project, Location, or Work of Covered Operations:
described person(s)
As per written contract or agreement with the above described person(s) or organization(s)

CHANGES

SECTION II - WHO IS AN INSURED is amended to include:

4. The person(s) or organization(s) shown in the Schedule above with whom you have agreed in a written contract to provide insurance such as is afforded under this Coverage Form, is included as an Additional Insured subject to the below:

   a. Insurance for such Additional Insured(s) scheduled above shall be afforded only to the extent that such Additional Insured is liable for “bodily injury”, “property damage” or “personal and advertising injury” caused by your acts or omissions while actively engaged in the performance of your ongoing operations involving the project(s), locations(s), or work designated in the Schedule and as specified in the contract between you and the above scheduled Additional Insured(s).

   b. The insurance afforded under this Coverage Form to such Additional Insured(s) applies only:
      (1) If the “occurrence” or offense takes place subsequent to the execution and effective date of such written contract: and,
      (2) While such written contract is in force, or until the end of the policy period, which ever occurs first.

   c. How Limits Apply to Additional Insured(s)
      The most we will pay on behalf of the Additional Insured(s) scheduled above is the lesser of:
      (1) The limits of insurance specified in the written contract or written agreement; or,
      (2) The Limits of Insurance provided by the Coverage Form.

The amount we will pay on behalf of such Additional Insured(s) shall be a part of, and not in addition to, the Limits of Insurance shown in the Coverage Form Declarations and described in this section. Such amount will thus not increase the Limits of Insurance shown for the Coverage Form.

d. Obligations at the Additional Insured's Own Cost
No Additional Insured will, except at their own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

SECTION IV – CONDITIONS is amended by deleting item a. Primary Insurance under 4. Other Insurance and replacing such item by the following, only with respect to insurance provided to the Additional Insured(s) shown in the above Schedule:

a. Primary Insurance and/or Primary and Non-Contributory Insurance
This insurance is primary if you have agreed in a written contract that this insurance is to be primary. If you have agreed in a written contract that this insurance is primary and non-contributory with the Additional Insured(s) own insurance, this insurance is primary, and we will not seek contribution from that other insurance.

The Additional Insured(s) scheduled above shall be subject to all other conditions set forth in the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to

Endorsement Effective 11/16/2026 Policy No. GL 4045090 Endorsement No.

Premium $ Included

Named Insured: Sally Beauty Holdings, LLC, Sally Beauty Supply, LLC
Beauty Systems Group, LLC, Sally Beauty de Puerto Rico, Inc, Armstrong McCall, L.P.
Arcadia Beauty Labs LLC

Insurance Company: Safety National Casualty Corporation