



CITY OF LONG BEACH

DEPARTMENT OF PUBLIC WORKS

333 West Ocean Boulevard 10th Floor, Long Beach, California 90802 Phone: (562) 570-6784 Fax: (562) 570-5640

GENERAL LIABILITY ENDORSEMENT – CITY PERMITS

Minimum Limits: \$1,000,000 per Occurrence, \$2,000,000 General Aggregate

A. GENERAL LIABILITY POLICY INFORMATION:

1. Insurance Company: _____
2. Policy Number: _____ Policy Term: (From) _____ (To) _____
3. Endorsement Effective date: _____ Endorsement Expiration Date: _____
4. Name of Insured: _____
5. Address of Named Insured: _____
6. Policy Limits Occurrence: \$ _____ General Aggregate: \$ _____

B. POLICY AMENDMENTS:

This endorsement is issued in consideration of the policy premium. Notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any other endorsement attached thereto, it is agreed as follows:

1. **ADDITIONAL INSURED:** The City of Long Beach and its boards, officials, employees, and agents are additional insured with respect to all loss, liability, claims, demands causes of action, damages, settlement, expenses, and costs (Including but not limited to attorney's fees and defense and investigation expenses) arising out of, or in any manner incident to, operations performed by or on behalf of the Named Insured related to the permit issued by the City.
2. **PRIMARY AND NONCONTRIBUTORY COVERAGE:** The insurance afforded by this policy to the City, its boards, officials, employees, and agents is primary insurance. Any other insurance or self-insurance maintained by the City, its Boards, Officials, employees, and agents is in excess of this insurance and shall not contribute to it.
3. **SERVERABILITY OF INTERESTS:** The insurance afforded by this policy applies separately to each insured that is seeking coverage or against whom a claim is made or a suit is brought, subject to the Insurer's limit of liability.
4. **CROSS LIABILITY:** The naming of more than one insured under this policy shall not, for that reason alone, extinguish any rights of one insured against another, subject to the insurer's limit of liability.
5. **CANCELLATION NOTICE:** This insurance shall not be cancelled except after thirty- days (30) prior written notice has been given to the City at the address above. Ten (10) days prior written notice is acceptable if the policy is cancelled for nonpayment of premium.

C. INCIDENT AND CLAIM REPORTING PROCEDURES:

Incident and claims are reported to the insurer at:

ATTENTION: _____
(Name) (Title) (Company)

ADDRESS: _____

TELEPHONE: () _____ FAX () _____

D. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER:

I, (Print Name) _____, warrant that I have authority to bind the below listed insurance company listed above in Item A.1 and by my signature heron do so bind this company.

SIGNATURE OF AUTHORIZED REPRESENTATIVE (ORIGINAL SIGNATURE REQUIRED) (DATE)

ORGANIZATION: _____ TITLE: _____

ADDRESS: _____

TELEPHONE: () _____ FAX: () _____

POLICY NUMBER:
INSURED NAME:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED –
STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE:

State or Political Subdivision:

*The City of Long Beach it's Boards and
Commissions, and their Officials, Employees
and Agents.*

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

WHO IS AN INSURED? (Section II) is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.
2. This insurance *does not apply to:*
 - a. "Bodily Injury", "Property Damage", "Personal Injury", or "Advertising Injury" arising out of operations performed for the state or municipality; or
 - b. "Bodily Injury" or "Property Damage" included within the "Products-completed operations hazards".

NOTE: *Please make sure that the Endorsement form number matches or if you have the most updated Endorsement form number that would also be accepted. Please make sure that the Endorsement form number starts with "CG 20 12"*

Examples: CG 20 12 11 85 or CG 20 12 7 98 etc...

Also: Please make sure that the verbiage above matches your form.

CG 20 12 11 85
(the last 4 digits may vary)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/08/2008

PRODUCER () - FAX () -

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED **COMPANY NAME**
ADDRESS
CONTACT PERSON
PHONE & FAX NUMBERS

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A North American Capacity	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT	HBG0000303-03	01/29/2008	01/29/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				GLE LIMIT \$ / \$ / \$ / \$ MAGE \$ EA ACCIDENT \$ EA ACC \$ AGG \$ RENCE \$ \$ \$ \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIM DEDUCTIBLE RETENTION \$				
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				
		OTHER				

SAMPLE ONLY

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 *30 Days Notice of Cancellation except 10 days given for non-payment of premium
 The City of Long Beach it's Boards and Commissions, and their officials, employees and Agents are named as additional insured per attached endorsement form CG 20 12 11 85.

CERTIFICATE HOLDER	CANCELLATION
City of Long Beach Dept. of Public Works Construction Division 333 W. Ocean Blvd. 10th Floor City Hall Long Beach, CA 90802	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE