

INSURANCE ENDORSEMENT

(FAX THIS FORM AND SAMPLE TO YOUR INSURANCE COMPANY)

THE FOLLOWING CITY REQUIRED LANGUAGE (*IN ITALICS*) MUST BE PLACED ONTO POLICY ENDORSEMENT FORM(S) BY YOUR INSURANCE COMPANY:

THE CITY OF EL SEGUNDO, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS & CERTIFIED VOLUNTEERS

This insurance will be deemed "primary" such that any other insurance that may be carried by City of El Segundo will be excess thereto. This insurance will be on an "occurrence," not a "claims made," basis or equivalent. This insurance includes "Completed Operations" coverage.

It is agreed that this insurance will not be canceled, not renewed or the limits of coverage in any way reduced without at least (30) days advance written notice ten (10) days for non-payment of premium sent by certified mail, return receipt requested to:

*CITY OF EL SEGUNDO CITY CLERK
ATTN: DIRECTOR OF FINANCE
350 MAIN ST., ROOM 5
EL SEGUNDO, CA 90245-3813*

PLEASE NOTE THAT ACORD AND/OR OTHER CERTIFICATES OF LIABILITY INSURANCE ARE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFER NO RIGHTS UPON THE CERTIFICATE HOLDER (CITY OF EL SEGUNDO.) CERTIFICATES DO NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY POLICIES NAMED.

CERTIFICATES OF LIABILITY INSURANCE MUST BE SENT ALONG WITH COMPLETED ENDORSMENT FORM(S).

THE CITY OF EL SEGUNDO IS EXPECTING YOUR INSURANCE COMPANY TO SEND:

1. CORRECTLY AMENDED/COMPLETED POLICY ENDORSMENT FORM(S) (See Sample on Page 2)
2. ACORD AND/OR OTHER CERTIFICATES OF LIABILITY INSURANCE WITH CITY OF EL SEGUNDO INFORMATION LISTED FOR YOUR COMPANY'S POLICIES.
 - a. THE CANCELLATION CLAUSE MUST BE AMENDED TO READ EXACTLY AS FOLLOWS:
"SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT."

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL EMAIL MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BY FAX OR BY MAIL TO THE ADDRESS LISTED ON THE POLICY. IF THE POLICY IS CANCELLED BEFORE THE EXPIRATION DATE, THE ISSUING INSURER, ITS AGENTS OR REPRESENTATIVES
