

# Automobile Liability Special Endorsement for the City of Simi Valley

1. Endorsement No.

2. Issue Date (MM/DD/YY)

1. Producer

Telephone

5. Policy Information:

Carrier:

Policy No.:

Policy Period:

Coverage Trigger  Occurrence

Loss Adjustment Expense:  Included in Limits  
 In Addition to Limits

4. Insured

6.  Deductible  Self-Insured Retention (Check Which) of:  
\$ \_\_\_\_\_  
with an Aggregate of \$ \_\_\_\_\_ applies to:

7. **Applicable.** This insurance pertains to the operations and/or tenancy of the named insured under all written agreements and permits in force with the City of Simi unless checked here  in which case only the following specific agreements and permits with the City of Simi Valley are covered:  
City Agreements /Permits

## 8. Coverages

Liability Limits in Thousands \$

Each Occurrence

Aggregate

Any Auto

Owned Autos

Scheduled Autos

Hired Autos

Non-Owned Autos

9. Other Provisions

10. Claims: Underwriter's representative for claims pursuant to this insurance (address and telephone).

In consideration of the premium charged and notwithstanding any inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter thereto, it is agreed as follows:

- 11. **Additional Insured.** The City of Simi Valley and its respective boards, districts, officers, agents and employees are included as additional insureds with regard to liability and defense of all claims, lawsuits, liabilities or damages of whatsoever nature arising from the operations and uses performed by or on behalf of the named insured.
- 12. **Contribution Not Required.** Insurance is primary with respect to any insurance maintained by the City of Simi Valley and shall not call on the City's insurance for contribution.
- 13. **Cancellation Notice.** With respect to the interests of the City of Simi Valley this insurance shall not be cancelled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City of Simi Valley addressed as follows: City of Simi Valley, Attn.: Risk Manager, 2929 Tapo Canyon Road, Simi Valley, CA 93063.

Except as stated above nothing herein shall be held to waive, alter or extend any of the limits, conditions, agreements or exclusions of the policy to which this endorsement is attached.

## Endorsement Holder

15. City Department/Bureau

**City of Simi Valley  
2929 Tapo Canyon Road  
Simi Valley, CA 93063**

16. Authorized Representative:  Broker/Agent  Underwriter

I \_\_\_\_\_ (print/type name), warrant that I have authority to bind the above mentioned insurance company and by my signature hereon do so bind this company to this endorsement.

Signature \_\_\_\_\_  
(original signature required on copy)

Telephone: ( ) \_\_\_\_\_ Date Signed: \_\_\_\_\_