



SPECIAL ENDORSEMENT

Notwithstanding any inconsistent expression in the policy to which this endorsement is attached, or in any other endorsement now or hereafter attached thereto, or made a part thereof, it is agreed that the policy shall and does:

1. Include the City of Culver City, its officers and employees as additional insureds in the policies described on the attached Certificate of Insurance as they may be held liable for injuries, death or damage to property arising out of or in connection with the contract executed by the named insured and the City. It is further agreed that this policy shall be primary and noncontributing with any other insurance available to the City of Culver City, and each of their officers and employees, and includes a severability of interest clause; and
2. Provide any general aggregate limit shall apply separately to the above subject contract; and
3. Provide the naming of the additional insureds as herein provided shall not affect any recovery to which such additional insureds would be entitled under this policy if not named as such additional insureds; and
4. Provide the additional insureds named herein shall not be held liable for any premium or expense of any nature on this policy or any extension thereof; and
5. Provide the provisions of the policy shall not be changed, suspended, cancelled or otherwise terminated as to the interest of the additional insureds named herein without first giving thirty (30) days written notice thereof to the City Attorney of the City of Culver City addressed as follows:

**City Attorney
 City of Culver City
 9770 Culver Boulevard
 Culver City, California 90232-0507**

This endorsement is effective _____ 20 _____

when signed Representative of _____
Name of Insurance Company

and when issued to City shall be valid and form part of Policy(ies) No. _____

insuring _____
Name of insured

expiring on _____

and shall be in the same amount for the same coverage as the Policy(ies) to which it is attached.

NAME OF AGENT OR BROKER _____

ADDRESS _____

BY _____
Authorized Representative