

**SPECIAL ENDORSEMENT  
CITY OF CULVER CITY**

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 the policy shall and does:

1. Include the City of Culver City, and the officers and employees of each as additional insured 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 named insured's activities related to the contract, executed by the named insured and the City. It is further agreed, this policy shall be primary and noncontributing with any other insurance or self insurance program available to the City of Culver City, 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 to 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 additional insureds named herein shall not by any reason of being so named be considered a member of any mutual insurance company for any purpose whatsoever; and
6. Provide the provisions of the policy shall not be canceled 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 Culver City.

City Attorney  
P.O. Box 507  
Culver City, California 90232-0507

This endorsement is effective \_\_\_\_\_, 19\_\_\_\_ when signed below by an Authorized Representative of \_\_\_\_\_ and when issued to City shall be valid and form part of Policy(ies) No. \_\_\_\_\_ insuring \_\_\_\_\_, expiring on \_\_\_\_\_, and shall be the same amount and for the same coverage as the Policy(ies) to which it is attached.

Insurer: \_\_\_\_\_

By: \_\_\_\_\_

Name and Title: \_\_\_\_\_

OR NAME OF AGENT OR BROKER

\_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

Address \_\_\_\_\_

ATTENTION: \_\_\_\_\_

By \_\_\_\_\_

(Signature of Authorized Representative)

*(If signed by other than the insurer, proof of authority to bind insurer  
Must accompany this form.)*

**Attachment: Certificate of Insurance**

**Please complete and return this form and Certificate of Insurance to:  
Veterans' Memorial Building, 4117 Overland Avenue, Culver City, CA 90230  
(310)253-6625 phone, (310)253-6629 fax**