CITY OF LONG BEACH

OFFICE OF SPECIAL EVENTS AND FILMING

211 E. OCEAN BLVD. • SUITE 410 • LONG BEACH, CA 90802
PHONE 562.570.5333 • FAX 562.570.5335

LONG BEACH SPECIAL EVENTS and FILMING

GENERAL LIABILITY ENDORSEMENT – SPECIAL EVENT/CITY PERMIT

Minimum Limits: $1,000,000 per occurrence

A. GENERAL LIABILITY POLICY INFORMATION

1. Insurance Company_____
2. Policy No. _____ Policy term (from) _____ (to)_____
3. Endorsement effective date_____ Endorsement expiration date_____
4. Named Insured_____
5. Address of Named Insured_____
6. Policy Limits: Occurrence $_____ General Aggregate: $_____
7. Policy Form equivalent to: CG 00 01 _____ CG 00 02 _____ GL 00 02 _____
8. The following coverage is provided:

☐ Contractual liability	☐ Auto stunts	☐ Event participants	☐ Watercraft liability
☐ Products liability	☐ Other stunts	☐ Event spectators	☐ Aircraft liability
☐ Fire legal liability	☐ Concessionaires	☐ Liquor liability	☐ Pyrotechnics
☐ Cross liability	☐ Vendors	☐ Non-owned auto	☐ Other _____

B. POLICY AMENDMENTS

This endorsement is issued in consideration of the policy premium. Not withstanding any inconsistent statement in the policy to which this endorsement is attached or in any other endorsement thereto, it is agreed as follows:

1. ADDITIONAL INSURED. The City of Long Beach, and its officials, employees, agents, commissions, and volunteers are included as additional insureds with respect to all claims, demands, causes of action, damages, settlement, expenses and costs (including but not limited to attorney's fees and defense and investigation expenses), or loss or liability of any kind or nature whatsoever arising out of, or in any manner incident to, the operations, activities, or undertakings of the Named Insured or any of the Named Insured's employees, agents, or other persons permitted by the Named Insured to be on City premises in connection with the Special Event/City permit.
2. PRIMARY AND NONCONTRIBUTORY COVERAGE. The insurance afforded by this policy to the City, its officials, employees, agents, commissions, and volunteers is primary insurance. Any other insurance or self-insurance maintained by the City, its officials, employees, agents, commissions, and volunteers is in excess of this insurance and shall not contribute to it.
3. SEVERABILITY OF INTERESTS. The insurance afforded by this policy applies separately to each insured seeking coverage or against whom a claim is made or 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. The insurance afforded by this policy shall not be reduced in coverage or limits (other than by payment of claims), cancelled, or otherwise terminated during the effective period of this endorsement except after thirty (30) days' prior written notice has been given to the City (ten (10) days' written notice for cancellation due to nonpayment of premium). Notice shall be sent by certified mail to the address shown above.

C. INCIDENT AND CLAIM REPORTING PROCEDURES

Incidents and claims are reported to the insurer at:

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

ADDRESS:_____

TELEPHONE: (_____)_____ FAX NUMBER: (_____)_____

D. SIGNATURE OF INSURER OR AUTHORIZED REPRESENTATIVE OF THE INSURER

I, (print name) _____, warrant that I have authority to bind the insurance company listed above in item A.1. and by my signature hereon do so bind this company.

_____ _____
SIGNATURE OF AUTHORIZED REPRESENTATIVE (original signature required) DATE

TITLE: _____ ORGANIZATION: _____

ADDRESS:_____

TELEPHONE: (_____)_____ FAX NUMBER: (_____)_____