



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



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. Notwithstanding 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...
2. PRIMARY AND NONCONTRIBUTORY COVERAGE. The insurance afforded by this policy to the City, its officials, employees, agents, commissions, and volunteers is primary insurance.
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).

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: ()