

**POLLUTION LIABILITY – ADDITIONAL INSURED ENDORSEMENT
CITY OF LOS ANGELES
DEPARTMENT OF WATER AND POWER**

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 attached thereto, it is agreed as follows:

1. **ADDITIONAL INSUREDS:** The City of Los Angeles, the Board of Water and Power Commissioners of the City of Los Angeles, the Department of Water and Power, their officers, agents, and employees are included as insureds with regard to liability and defense of claims arising from the use, handling, storage, disposal of hazardous wastes/materials by or on behalf of the Named Insured.
2. **CONTRIBUTION NOT PERMITTED:** Any other insurance maintained by the Department of Water and Power shall be excess of this insurance and shall not contribute with it.
3. **SEVERABILITY OF INTEREST:** This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the insurer's limits of liability. The inclusion of any person or organization as an insured shall not affect any right which such person or organization would have as a claimant if not so included.
4. **CANCELLATION NOTICE:** With respect to the interests of the Department of Water and Power, this insurance shall not be cancelled, materially reduced in coverage or limits, or nonrenewed unless thirty (30) days' prior written notice by receipted delivery is given to the City Attorney of Los Angeles addressed as follows: Office of the City Attorney, Water and Power Division, 111 N. Hope Street, Room 340, Los Angeles, California 90012.
5. **APPLICABILITY:** This insurance pertains to the operations and/or tenancy of the Named Insured under all written agreements in force with the Department of Water and Power unless checked here , in which case only the following specific agreements with the Department of Water and Power are covered:
6. **MAILING ADDRESS:** Completed endorsements will be sent to the Department of Water and Power as follows:
7. **CLAIMS:** Claims should be reported to:

Los Angeles Department of Water and Power
Risk Management Section
P.O. Box 51111, Rm. 465
Los Angeles, California 90051-0100

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.

I, _____, (print/type name), warrant that I have authority to bind the below-listed insurance company and by my signature hereon do so bind this company to this endorsement.

8. Signature: _____
Authorized Representative (original signature required on copy furnished to the City Attorney)

TITLE: _____

9. ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____

10. Coverage Includes (check as applicable):

<input type="checkbox"/> Broad Form Property Damage	<input type="checkbox"/> Contractual Liability
<input type="checkbox"/> Personal Injury	<input type="checkbox"/> Owned Automobiles
<input type="checkbox"/> Premises and Operations	<input type="checkbox"/> Non-owned Automobiles
<input type="checkbox"/> Explosion Hazard	<input type="checkbox"/> Hired Automobiles
<input type="checkbox"/> Collapse/Underground Hazard	<input checked="" type="checkbox"/> POLLUTION
<input type="checkbox"/> Watercraft Liability	<input type="checkbox"/> _____
<input type="checkbox"/> Garagekeeper's Legal Liability	<input type="checkbox"/> _____
<input type="checkbox"/> Incidental Medical Malpractice	<input type="checkbox"/> _____
<input type="checkbox"/> Products/Comp. Ops. \$ _____	Aggregate
<input type="checkbox"/> Independent Contractors \$ _____	Aggregate
<input type="checkbox"/> Fire Legal Liability	Sublimits

<p>11. Type of Coverage</p> <p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made – Retroactive Date</p>	<p>12. Limits of Liability</p> <p>Occurrence Aggregate</p> <p>\$ _____ \$ _____</p> <p><input type="checkbox"/> Aggregate Specific to</p>	<p>13. Policy Period</p> <p>From To</p>
<p>14. <input type="checkbox"/> Deductible <input type="checkbox"/> Self-insured Retention (check which) of \$ _____ applies to _____ coverage. <input type="checkbox"/> Per Claim <input type="checkbox"/> Per Occurrence</p> <p><input type="checkbox"/> Limits Include Defense Costs <input type="checkbox"/> Deductible/Self-insured Retention Includes Defense Costs</p>		
<p>15. Other provisions (use reverse side, if necessary):</p>		
<p>16. Named Insured and Address:</p>		
<p>17. Insurance Company</p>	<p>18. Policy Number</p>	<p>19. Endorsement No.</p>
<p>20. Effective Date of Endorsement</p>		