

**WORKERS' COMPENSATION/EMPLOYER'S LIABILITY – SPECIAL 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. **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:

2. **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.
3. **MAILING ADDRESS:** Completed endorsements will be sent to the Department of Water and Power as follows:

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.

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

5. ORGANIZATION _____
 ADDRESS _____

 TITLE _____ TELEPHONE _____

6. Type of Coverage	7. Limits of Liability	8. Policy Period
		From To
<i>Workers' Compensation</i>	<i>Statutory</i>	
<i>Employer's Liability</i>	\$ _____	

9. Coverage includes (check as applicable):

- | | |
|--|--|
| <input type="checkbox"/> Broad Form All States Endorsement | <input type="checkbox"/> Jones Act |
| <input type="checkbox"/> Voluntary Compensation Endorsement | <input type="checkbox"/> Outer Continental Shelf Endorsement |
| <input type="checkbox"/> United States Longshoremen's and Harbor Workers' Compensation Act | <input type="checkbox"/> Waiver of Subrogation * |

* Waiver of Subrogation – The company agrees to waive all rights of subrogation against the City of Los Angeles, the Board of Water and Power Commissioners of the City of Los Angeles, the Department of Water and Power of the City of Los Angeles, and their officers, agents, and employees.

10. Other Provisions (please note on reverse side):

11. Named Insured and Address:			
12. Insurance Company	13. Policy Number	14. Endorsement No.	15. Effective Date of Endorsement