Telephone (310) 802-5000

City Hall

FAX (310) 802-5551

TDD (310) 546-3501

## INSURANCE ENDORSEMENT FORM GENERAL LIABILITY

**MBMC 6.20 Temporary Film Permits** 

This endorsement is issued in consideration of the policy premium. 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, the protection afforded by said policy shall include the following:

- 1. **ADDITIONAL INSURED**. With respect to such insurance as is afforded by this policy, the City of Manhattan Beach and its officers, employees, elected officials, volunteers, and members of boards and commissions shall be named as additional insured. This additional insured coverage only applies with respect to liability of the named insured or other parties acting on their behalf arising out of the activities of the undertaking specified in paragraph no. 5 below (Indemnification Clause).
- 2. **CROSS LIABILITY CLAUSE**. The insurance afforded applies separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the company's liability.
- 3. OCCURANCE BASED POLICY. This policy shall be an "occurrence based policy".
- 4. **PRIMARY INSURANCE**. For the risks covered by this endorsement this insurance shall provide primary insurance to the City to the exclusion of any other insurance or self-insurance program the City may carry with respect to claims and injuries arising out of activities of the Contractor of otherwise insured hereunder.

5. **INDEMNIFICATION CLAUSE**. The underwriters acknowledge that the named insured shall indemnify and save harmless the City of Manhattan Beach against any and all claims resulting from the wrongful or negligent

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6. <u>INVESTIGATION AND DEFENSE COST</u>. Said hold harmless assumption on the part of the named insured shall include all reasonable costs necessary to defend a lawsuit including attorney fees, investigators, filing fees, transcripts, court reporters, and other reasonable costs of investigation and defense.



- 7. **REPORTING PROVISIONS**. Any failure to comply with the reporting provisions of the policy shall not affect coverage provided by the City.
- 8. <u>CANCELLATION</u>. This policy shall not be canceled except by written notice to the Risk Manager at: City of Manhattan Beach, 1400 Highland Ave., Manhattan Beach, CA 90266, at least thirty (30) days prior to the date of such cancellation.
- 9. <u>LIMITS OF LIABILITY</u>. This policy shall provide minimum limits of liability of <u>One Million Dollars</u> combined single limit coverage against any injury, death, loss or damage as a result of wrongful or negligent acts or omissions by the named insured.
- 10. <u>COMPREHENSIVE COVERAGE</u>. This policy shall afford coverage at least as broad as Commercial General Liability "Occurrences" Form CG0001 and shall include the following:
  - A. General Liability
    - Comprehensive Form
    - Premises/Operations
    - Independent Contractors Liability
    - Broad Form Property Damage
    - Personal Injury
    - Products, Completed Operations
    - Contractual
    - Explosions, collapse, or underground property damage

NOTE: If this is a *Homeowner's Policy* in lieu of Commercial General Liability, it shall afford coverage at least as broad as Homeowners ISO Form HO II (Ed 9-70) California and shall include comprehensive personal liability.

This policy shall provide the dollar limit specified in paragraph 9 with the following additional coverage where boxes below are checked:

11.	Host liquor liability
12.	Liquor law liability
13.	Other



The limits of liability as stated in this endorsement apply to the insurance afforded by this endorsement notwithstanding that the policy may have lower limits of liability elsewhere in the policy. This endorsement is effective (date) \_\_\_\_\_\_ at 12:01 a.m. This endorsement forms a part of Policy No. \_\_\_\_\_\_. Named Insured Name of Insurance Company I, (print/type name) \_\_\_\_\_ \_\_\_\_\_, warrant that I have authority to bind the above listed insurance company, and by my signature hereon do so bind this company. Signature of Authorized Representative For Office Use Only – Do Not Write Below This Line City MB Representative:\_\_\_\_\_ Rating \_\_\_\_\_ Date \_\_\_\_\_

## PLEASE ATTACH CERTIFICATE OF INSURANCE