

PROPERTY DAMAGE – ADDITIONAL INSURED/LOSS PAYABLE ENDORSEMENT DEPARTMENT OF WATER AND POWER CITY OF LOS ANGELES

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/LOSS PAYEE:** The City of Los Angeles Department of Water and Power is included as an insured with regard to the Department's ownership interest in property covered under the agreement, as the Department's interests may appear. Covered Property Damage or Loss shall be adjusted with the Named Insured and shall be paid, where applicable, to the Department of Water and Power, as its interest may appear.
2. **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.
3. **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.
4. **APPLICABILITY:** This insurance pertains to the operations and/or tenancy of the Named Insured under the following written agreement(s) and for the following property(ies) [list agreement(s) and also list property address(es) or property description(s)]:

5. **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

6. **CLAIMS:** Claims should be reported to:

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.

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

TITLE: _____

8. ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____

9. Coverage Includes (check as applicable):

- | | |
|---|--|
| <input type="checkbox"/> All Risk of Direct Physical Loss | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Fire and Extended Coverage | <input type="checkbox"/> Hostile File |
| <input type="checkbox"/> Business Owner's Package | <input type="checkbox"/> Actual Cash Value |
| <input type="checkbox"/> Debris Removal | <input type="checkbox"/> Replacement Value |
| <input type="checkbox"/> Sprinkler Leakage | <input type="checkbox"/> Pollution |
| <input type="checkbox"/> Boiler and Machinery | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Care, Custody, and Control | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Malicious Mischief | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Earthquake/Land Movmnt \$ _____ | Deductible |
| <input type="checkbox"/> Flood/Water Damage \$ _____ | Deductible |
| <input type="checkbox"/> Loss of Rental Income _____ | Months |

10. Type of Coverage	11. Limits of Liability Occurrence \$ _____ Aggregate \$ _____	12. Policy Period From _____ To _____
13. <input type="checkbox"/> Deductible <input type="checkbox"/> Self-insured Retention (check which) of \$ _____		
14. Other provisions (use reverse side, if necessary): _____		
15. Named Insured and Address: _____		
16. Insurance Company	17. Policy Number	18. Endorsement No.
19. Effective Date of Endorsement		