



## CITY OF SIMI VALLEY

### DEPARTMENT OF PUBLIC WORKS

#### GENERAL LIABILITY AND AUTO LIABILITY INSURANCE

Attached you will find insurance endorsement forms approved by the City Council to be executed by your insurance carrier for all active permits issued by our department.

You must provide evidence of insurance by either 1) having the attached endorsement forms executed by your carrier for both general liability and auto liability, or, 2) providing an acceptable *Declaration of Insurance* with an "*Additional Insured Endorsement*", naming "*The City of Simi Valley and it's respective boards, districts, officers, agents and employees*".

The above described forms should be forwarded to:

City of Simi Valley  
Department of Public Works  
2929 Tapo Canyon Road  
Simi Valley, CA 93063

Forms may be faxed to (805) 583-7951 to expedite permit issuance. These forms can be downloaded from the City's web-site, at:

*[simivalley.org](http://simivalley.org)*

Click on Departments- Administrative Services- Customer Services- City's General Liability Endorsement & City's Auto Liability Endorsement

Should you have any questions, please contact the Department of Public Works Permits Desk at (805) 583-6786.

Title 7 PUBLIC WORKSChapter 1 ENCROACHMENTS

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**7-1.230 Liability insurance.**

Permittee shall sign an agreement to defend, indemnify and hold harmless the City and its officers, boards, commissions, agents, and employees against and from any and all claims, lawsuits, liabilities or damages of whatsoever nature arising-out of or in connection with the encroachment work or other operations performed by the permittee and shall maintain adequate general and automobile liability insurance to protect from any claims for damages for personal injuries, including death, and for damages to property which may arise from the encroachment work or other operations under the permit required by the provisions of this chapter; whether such encroachment work or other operations shall be performed by himself/herself, or by any agent, or by anyone directly or indirectly employed by said agent. Either City approved endorsements or copy of insurance policies shall be filed with the Director of Public Works and shall be subject to his/her approval for adequacy of protection. The City, its officers, employees, and agents shall be named as additional insureds in any of such insurance policies. Said policies shall be written on an occurrence form and shall not be subject to cancellation or material modification except upon not less than thirty (30) days written notice to the City Clerk by certified mail. Aggregate limits policies or endorsements shall be accompanied by a listing of prior claims to enable the City to ascertain the adequacy of the pro-offered coverage.

(§ 12149, S.V.M.C., as amended by § 1(H), Ord. 764, eff. December 19, 1991)

## INSURANCE

### City of Simi Valley's Insurance Requirements

For those conducting business with the City of Simi Valley, insurance coverage may be provided by either (1) an approved General and/or Auto Liability Endorsement Form for the City of Simi Valley or (2) an acceptable copy of the insurance policy (Declarations of Coverage) with an approved Additional Insured Endorsement (CG 20150993/CG 20101093).

To protect those doing business with the City, the public, and the City, insurance must:

- Cover the specific exposures to loss arising out of the work performed or activity conducted.
- Contain limits high enough to pay reasonably feasible judgments.
- Have the City, its boards, officers, agents, and employees included as "*Additional Insureds*" on the contractor's insurance for General and Auto Liability. The City shall be named as "*Loss Payee*" as its interest may appear on all property insurance. Workers' Compensation and Professional Liability do not require for the City to be named as an "*Additional Insured.*"
- Have the insurance be primary and not call on the City's insurance for contributions.
- Insurance shall not be subject to cancellation or material modification except upon not less than thirty (30) days written notice to the City.
- Provide a hold harmless agreement to include the defense and indemnification of the City. This obligates the contractor's/permittee's insurer or holds the contractor/permittee responsible in the event of insufficient or inadequate insurance.
- Have an A.M. Best's Rating of B+; VII and be admitted in California. Any exceptions must be reviewed and approved by the City's Risk Manager. Should you have any questions on insurance requirements, please contact the City's Risk Manager at (805) 583-6739.

Insurance must be approved prior to commencement of the work/activity.

**CITY OF SIMI VALLEY  
DEPARTMENT OF PUBLIC WORKS**

**INSURANCE COVERAGE LIMITS  
REQUIRED MINIMUM COVERAGE**

Description of Activity	Liability Insurance	Automobile Insurance	Worker's Compensation
City Construction Contracts under \$100,000 in cost and in the public right-of-way	\$1,000,000 CSL (Combined Single Limits for Bodily Injury & Property Damage). Acceptable Additional Insured Endorsements: CG 20101185, CG 20260704, or CG 20 10 combined with CG 20 37 forms.	\$1,000,000 CSL (Any Auto (Code 1) or combination of Scheduled, Hired (Code 8), and Non-Owned (Code 9). If Any Auto is not provided, an Additional Insured Endorsement is needed. CA 20480299 is acceptable	Statutory Benefits Employers Liability - \$250,000 Waiver of Subrogation
City Construction Contracts* over \$100,000 in cost and in the public right-of-way	\$2,000,000 CSL. Same as the above.	\$2,000,000 CSL. Same as the above.	Statutory Benefits Employers Liability - \$500,000 Waiver of Subrogation
Public Works Encroachment Permits (for activities such as pool construction involving activity or placement of materials in the right-of-way)	\$1,000,000 CSL. Acceptable Additional Insured Endorsements include those listed above but CG 20120798 or CG 21391093 are allowed.	\$1,000,000 CSL. Same as the above.	
Public Works Encroachment Permits (for activities involving digging or replacement of any portion of the right-of-way)	\$1,000,000 CSL. Acceptable Additional Insured Endorsements: CG 20101185, CG 20260704, or CG 20 10 combined with CG 20 37 forms.	\$1,000,000 CSL. Same as the above.	
Homeowner Minor Encroachment Permits	\$300,000 Personal Liability (requires a copy of Homeowner's Policy)	N/A	
Home Movers/Wide Load Permits CVC 34631.5		\$750,000 CSL	

**CITY OF SIMI VALLEY  
DEPARTMENT OF PUBLIC WORKS**

**INSURANCE COVERAGE LIMITS  
REQUIRED MINIMUM COVERAGE**

<b>Description of Activity</b>	<b>Liability Insurance</b>	<b>Automobile Insurance</b>	<b>Worker's Compensation</b>
Residential Land Division with 4 or fewer lots/units involving minor public improvements	\$1,000,000 CSL. Acceptable Additional Insured Endorsements: CG 20101185, CG 20260704, or CG 20 10 combined with CG 20 37 forms.	\$1,000,000 CSL. Any Auto or combination of Schedule, Hired, and Non-Owned). If Any Auto is not provided, an Additional Insured Endorsement is needed.	
Subdivision Public Improvements with 5 to 19 lots/units or involving major public improvements	\$2,000,000 CSL. Same as above	\$2,000,000 CSL. Same as above.	
20 to 39 lots/units*	\$3,000,000 CSL Same as above.	\$3,000,000 CSL Same as above.	
40 or more lots/units*	\$5,000,000 CSL. Same as above.	\$5,000,000 CSL Same as above.	

**CITY OF SIMI VALLEY  
DEPARTMENT OF PUBLIC WORKS**

**INSURANCE COVERAGE LIMITS  
REQUIRED MINIMUM COVERAGE**

Description of Activity	Liability Insurance	Automobile Insurance	Worker's Compensation
Traffic Signal Maintenance	\$2,000,000 CSL	\$2,000,000 CSL	Statutory Benefits Employers Liability - \$250,000
City Contracts (contract amount from \$15,000 to \$100,000) with work to be conducted outside of right-of-way*	\$500,000 CSL	\$500,000 CSL	Statutory Benefits Employers Liability - \$250,000
City Contracts (contract amount from \$100,000 to \$500,000) with work to be conducted outside of right-of-way*	\$2,000,000 CSL	\$2,000,000 CSL	Statutory Benefits Employers Liability - \$250,000
City Contracts (contract amount exceeding \$500,000) with work to be conducted outside of right-of-way	To be determined on case-by-case basis by the City Manager upon recommendation of requesting Department, Risk Manager, & Purchasing Agent	To be determined on case-by-case basis by the City Manager upon recommendation of requesting Department, Risk Manager, & Purchasing Agent	Statutory Benefits Employers Liability - \$250,000

\*Insurance limits may be increased for large projects (i.e. those contracts exceeding \$1 million in value) or activities presenting an unusually hazardous exposure.

# General Liability Special Endorsement for The City of Simi Valley

1. ENDORSEMENT NO. \_\_\_\_\_

2. ISSUE DATE (MM/DD/YY) \_\_\_\_\_

3. PRODUCER

5. POLICY INFORMATION:

Carrier:

Policy No.:

Policy Period:

COVERAGE TRIGGER  Occurrence

LOSS ADJUSTMENT EXPENSE  Included in Limits

In Addition to Limits

TELEPHONE

4. INSURED

6.  Deductible  Self-insured Retention (check which) of \$ \_\_\_\_\_

7. **APPLICABLE.** This insurance pertains to the operations and/or tenancy of the named insured under all written agreements and permits in force with the City of Simi Valley unless checked here  in which case only the following specific agreements and permits with the City of Simi Valley are covered:  
**CITY AGREEMENTS/PERMITS**

8. TYPE OF INSURANCE:

**GENERAL LIABILITY**

COMMERCIAL GENERAL LIABILITY

COMPREHENSIVE FORM

10. OTHER PROVISIONS

9. COVERAGES:

LIABILITY LIMITS IN THOUSANDS \$

EACH OCCURRENCE

AGGREGATE

PREMISES/OPERATIONS  
 UNDERGROUND & COLLAPSE HAZARD  
 PRODUCTS/COMPLETED OPERATIONS  
 CONTRACTUAL  
 INDEPENDENT CONTRACTORS

11. **CLAIMS:** Underwriter's representative for claims pursuant to this insurance (address and telephone).

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 thereto, it is agreed as follows:

12. **ADDITIONAL INSURED.** The City of Simi Valley and its respective boards, districts, officers, agents and employees are included as additional insureds with regard to liability and defense of all claims, lawsuits, liabilities or damages of whatsoever nature arising from the operations and uses performed by or on behalf of the named insured.

13. **CONTRIBUTION NOT REQUIRED.** Insurance is primary with respect to any insurance maintained by the City of Simi Valley and shall not call on the City's insurance for contribution.

14. **CANCELLATION NOTICE.** With respect to the interests of the City of Simi Valley this insurance shall not be cancelled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City of Simi Valley addressed as follows: City of Simi Valley, Attn.: Risk Manager, 2929 Tapo Canyon Road, Simi Valley, CA 93063.

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.

ENDORSEMENT HOLDER

15. CITY DEPARTMENT/BUREAU

**CITY OF SIMI VALLEY  
 2929 TAPO CANYON RD  
 SIMI VALLEY, CA 93063**

16. AUTHORIZED REPRESENTATIVE

Broker/Agent  Underwriter  \_\_\_\_\_

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

Signature \_\_\_\_\_  
 (original signature required on copy)

Telephone: ( ) \_\_\_\_\_ Date signed \_\_\_\_\_

# General Liability Special Endorsement for the City of Simi Valley

1. ENDORSEMENT NO.

2. ISSUE DATE (MM/DD/YY)

11/17/09

3. PRODUCER

Any Producer  
123 Main St  
Simi Valley, CA 93065  
TELEPHONE 805-555-2222

5. POLICY INFORMATION:

Carrier: Scott Insurance Co  
Policy No.: B1259812  
Policy Period: 11/17/09 - 11/17/10  
COVERAGE TRIGGER  Occurrence  
LOSS ADJUSTMENT EXPENSE  Included in Limits  
 In Addition to Limits

4. INSURED

Any Company  
23568 Third St  
Simi Valley, CA 93063

6.  Deductible  Self-insured Retention (check which) of \$ \_\_\_\_\_

7. APPLICABLE. This insurance pertains to the operations and/or tenancy of the named insured under all written agreements and permits in force with the City of Simi Valley unless checked here  in which case only the following specific agreements and permits with the City of Simi Valley are covered:

CITY AGREEMENTS/PERMITS

8. TYPE OF INSURANCE

GENERAL LIABILITY

COMMERCIAL GENERAL LIABILITY  
 COMPREHENSIVE FORM

10. OTHER PROVISIONS

**SAMPLE**

9. COVERAGES

LIABILITY LIMITS IN THOUSANDS \$

EACH OCCURRENCE      AGGREGATE

PREMISES/OPERATIONS  
 UNDERGROUND & COLLAPSE HAZARD  
 PRODUCTS/COMPLETED OPERATIONS  
 CONTRACTUAL  
 INDEPENDENT CONTRACTORS

1,000

11. CLAIMS: Underwriter's representative for claims pursuant to this insurance (address and telephone).

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 thereto, it is agreed as follows:

- 12. **ADDITIONAL INSURED.** The City of Simi Valley and its respective boards, districts, officers, agents and employees are included as additional insureds with regard to liability and defense of all claims, lawsuits, liabilities or damages of whatsoever nature arising from the operations and uses performed by or on behalf of the named insured.
- 13. **CONTRIBUTION NOT REQUIRED.** Insurance is primary with respect to any insurance maintained by the City of Simi Valley and shall not call on the City's insurance for contribution.
- 14. **CANCELLATION NOTICE.** With respect to the interests of the City of Simi Valley this insurance shall not be cancelled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City of Simi Valley addressed as follows: City of Simi Valley, Attn.: Risk Manager, 2929 Tapo Canyon Road, Simi Valley, CA 93063.

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.

ENDORSEMENT HOLDER

15. CITY DEPARTMENT/BUREAU

CITY OF SIMI VALLEY  
2929 TAPO CANYON RD  
SIMI VALLEY, CA 93063

16. AUTHORIZED

REPRESENTATIVE  Broker/Agent  Underwriter  \_\_\_\_\_

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

Signature Mary Smith  
(original signature required on copy)

Telephone: (805) 555-4579

Date signed 11-13-09



# Automobile Liability Special Endorsement for The City of Simi Valley

1. ENDORSEMENT NO.

2. ISSUE DATE (MM/DD/YY)

3. PRODUCER

TELEPHONE

5. POLICY INFORMATION:

Carrier:

Policy No.:

Policy Period:

COVERAGE TRIGGER  Occurrence

LOSS ADJUSTMENT EXPENSE  Included in Limits

In Addition to Limits

6.  Deductible  Self-insured Retention (check which) of \$ \_\_\_\_\_  
with an Aggregate of \$ \_\_\_\_\_ applies to \_\_\_\_\_ (which)  
coverage.

7. **APPLICABLE.** This insurance pertains to the operations and/or tenancy of the named insured under all written agreements and permits in force with the City of Simi Valley unless checked here  in which case only the following specific agreements an permits with the City of Simi Valley are covered:  
CITY AGREEMENTS/PERMITS

8. COVERAGES

LIABILITY LIMITS IN THOUSANDS \$

EACH OCCURRENCE

AGGREGATE

ANY AUTO

OWNED AUTOS

SCHEDULED AUTOS

HIRED AUTOS

NON-OWNED AUTOS

9. OTHER PROVISIONS

10. **CLAIMS:** Underwriter's representative for claims pursuant to this insurance (address and telephone).

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 thereto, it is agreed as follows:

11. **ADDITIONAL INSURED.** The City of Simi Valley and its respective boards, districts, officers, agents and employees are included as additional insureds with regard to liability and defense of all claims, lawsuits or damages of whatsoever nature arising from the operations and uses performed by or on behalf of the named insured.

12. **CONTRIBUTION NOT REQUIRED.** Insurance is primary with respect to any insurance maintained by the City of Simi Valley and shall not call on the City's insurance for contribution.

13. **CANCELLATION NOTICE.** With respect to the interests of the City of Simi Valley this insurance shall not be cancelled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the of Simi Valley addressed as follows: City of Simi Valley, Attn.: Risk Manager, 2929 Tapo Canyon Road, Simi Valley, CA 93063.

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.

ENDORSEMENT HOLDER

14. CITY DEPARTMENT/BUREAU

**CITY OF SIMI VALLEY  
2929 TAPO CANYON RD  
SIMI VALLEY, CA 93063**

15. AUTHORIZED

REPRESENTATIVE  Broker/Agent  Underwriter  \_\_\_\_\_

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

Signature \_\_\_\_\_  
(original signature required on copy)

Telephone: ( ) \_\_\_\_\_ Date signed \_\_\_\_\_

# Automobile Liability Special Endorsement for the City of Simi Valley

1. ENDORSEMENT NO.

2. ISSUE DATE (MM/DD/YY)

3. PRODUCER

Any Producer  
1234 Main Street  
Anytown, CA 90023

TELEPHONE

4. INSURED

Simi Valley Construction  
1212 State Street  
  
Simi Valley, CA 93065

5. POLICY INFORMATION:

Carrier: Any Insurance Co **sample**  
Policy No.: 5695115  
Policy Period: 1-1-06 1-1-07  
COVERAGE TRIGGER  Occurrence  
LOSS ADJUSTMENT EXPENSE  Included in Limits  
 In Addition to Limits

6.  Deductible  Self-insured Retention (check which) of \$ \_\_\_\_\_  
with an Aggregate of \$ \_\_\_\_\_ applies to \_\_\_\_\_  
coverage. (which)

7. **APPLICABLE.** This insurance pertains to the operations and/or tenancy of the named insured under all written agreements and permits in force with the City of Simi Valley unless checked here  in which case only the following specific agreements and permits with the City of Simi Valley are covered:  
**CITY AGREEMENTS/PERMITS**

8. COVERAGES

LIABILITY LIMITS IN THOUSANDS \$  
EACH OCCURRENCE      AGGREGATE

<input checked="" type="checkbox"/>	ANY AUTO	1,000	1,000
<input type="checkbox"/>	OWNED AUTOS		
<input type="checkbox"/>	SCHEDULED AUTOS		
<input type="checkbox"/>	HIREN AUTOS		
<input type="checkbox"/>	NON-OWNED AUTOS		
<input type="checkbox"/>	---		
<input type="checkbox"/>	---		

9. OTHER PROVISIONS

10. **CLAIMS:** Underwriter's representative for claims pursuant to this insurance (address and telephone).

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 thereto, it is agreed as follows:

- 11. **ADDITIONAL INSURED.** The City of Simi Valley and its respective boards, districts, officers, agents and employees are included as additional insureds with regard to liability and defense of all claims, lawsuits, liabilities or damages of whatsoever nature arising from the operations and uses performed by or on behalf of the named insured.
- 12. **CONTRIBUTION NOT REQUIRED.** Insurance is primary with respect to any insurance maintained by the City of Simi Valley and shall not call on the City's insurance for contribution.
- 13. **CANCELLATION NOTICE.** With respect to the interests of the City of Simi Valley this insurance shall not be cancelled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City of Simi Valley addressed as follows: City of Simi Valley, Attn.: Risk Manager, 2929 Tapo Canyon Road, Simi Valley, CA 93063.

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.

ENDORSEMENT HOLDER

15. CITY DEPARTMENT/BUREAU

**CITY OF SIMI VALLEY  
2929 TAPO CANYON RD  
SIMI VALLEY, CA 93063**

16. AUTHORIZED

REPRESENTATIVE  Broker/Agent  Underwriter  \_\_\_\_\_

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

Signature Mary Smith  
(original signature required on copy)

Telephone: (805) 555-1287

Date signed \_\_\_\_\_

### COMMERCIAL GENERAL LIABILITY DECLARATIONS

Insurance Company: <b>Praetorian Insurance Company</b>	Producer: <b>AIMS Insurance Program Managers, Inc. 4110 N. Scottsdale Road, Suite 140 Scottsdale, AZ 85251</b>
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NAMED INSURED:  
MAILING ADDRESS: **SAMPLE GENERAL DECLARATION**

POLICY PERIOD: FROM **06/01/13** TO **06/01/14** AT 12:01 A.M.  
AT YOUR MAILING ADDRESS SHOWN ABOVE.

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.**

**LIMITS OF INSURANCE**  
See Schedule of Limits – Extension of Declarations Page

**RETROACTIVE DATE (CG 00 02 ONLY)**

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.  
RETROACTIVE DATE: **NONE** (ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

**DESCRIPTION OF BUSINESS**

INDIVIDUAL                       PARTNERSHIP                       JOINT VENTURE                       TRUST  
 LIMITED LIABILITY COMPANY                       ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)

BUSINESS DESCRIPTION: Swim Pool-Inst below grd

**ALL PREMISES YOU OWN, RENT OR OCCUPY**  
See Schedule of Premises – Extension of Declarations Page

**CLASSIFICATION AND PREMIUM**  
See Schedule of Classifications – Extension of Declarations Page

**ENDORSEMENTS**  
See Schedule of Endorsements – Extension of Declarations Page

**THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.**

## Schedule of Limits – Extension of Declarations Page

### Limits of Insurance

Description	Limit
General Aggregate Liability Limit (Other Than Products-Completed Operations)	\$2,000,000
Products-Completed Operations Aggregate Liability Limit	\$2,000,000
Each Occurrence Limit	\$1,000,000
Personal And Advertising Injury Liability Limit	\$1,000,000
Tenant's Real Property Legal Liability	\$100,000
Medical Expense Limit - Any One Person	\$5,000
Employee Benefit Coverage	\$1,000,000
Limited Pollution Coverage Worksites Aggregate Limit	\$50,000
Limited Pollution Coverage Worksites Occurrence Limit	\$25,000
Pool Pop Up Aggregate Limit	\$100,000
Pool Pop Up Occurrence Limit	\$50,000
Owner Coverage	\$0
Fungi/Bacteria Exclusion Dscnt	\$0
Each Occurrence Deductible Applies to Property Damage	\$1,000

SAMPLE GENERAL DECLARATION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
CITY OF SIMI VALLEY

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

SAMPLE ADDITIONAL INSURED-  
GENERAL

**BUSINESS AUTO DECLARATIONS**

Insurance Company: <b>Praetorian Insurance Company</b>	Producer: <b>AIMS Insurance Program Managers, Inc. 4110 N. Scottsdale Road, Suite 140 Scottsdale, AZ 85251</b>
NAMED INSURED: MAILING ADDRESS: <b>SAMPLE AUTO DECLARATION</b>	
POLICY PERIOD: FROM <b>06/01/13</b> TO <b>06/01/14</b> AT 12:01 A.M. AT YOUR MAILING ADDRESS SHOWN ABOVE.	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

DESCRIPTION OF BUSINESS		
<input checked="" type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> LIMITED LIABILITY COMPANY
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> OTHER _____

COVERAGES AND COVERED AUTOS
See Schedule of Coverages and Covered Autos – Extension of Declarations Page

COVERED AUTOS YOU OWN
See Schedule of Covered Autos you Own – Extension of Declarations Page

HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS
See Schedule of Hired or Borrowed Covered Autos – Extension of Declarations Page

NON-OWNERSHIP LIABILITY
See Schedule of Non-Ownership Liability – Extension of Declarations Page

GROSS RECEIPTS OR MILEAGE BASIS
See Schedule of Gross Receipts or Mileage Bases – Extension of Declarations Page

PREMIUM SHOWN IS PAYABLE: \$ _____ at inception.
See Schedule of Premium and Payments – Extension of Declarations Page

AUDIT PERIOD (IF APPLICABLE) <input checked="" type="checkbox"/> ANNUALLY <input type="checkbox"/> SEMI-ANNUALLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> MONTHLY
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ENDORSEMENTS
See Schedule of Endorsements – Extension of Declarations Page

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned By \_\_\_\_\_ 06/26/13

## Schedule of Coverages and Covered Autos – Extension of Declarations Page

### ITEM TWO

This policy provides only those coverages where a change is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT  THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	1, 9, 8	<b>\$1,000,000</b>	\$
PERSONAL INJURY PROTECTION (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ N/A DED.	\$ N/A
ADDED PERSONAL INJURY PROTECTION (or equivalent added No-fault coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$ N/A
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT	\$ N/A
AUTO MEDICAL PAYMENTS	7	<b>\$5,000</b>	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT	\$ N/A
UNINSURED MOTORISTS – BODILY INJURY	7	<b>\$1,000,000</b>	\$
UNINSURED MOTORISTS – PROPERTY DAMAGE		\$	\$ N/A
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$ N/A
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE	7	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS THE DEDUCTIBLE FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTENING. See ITEM FOUR for hired or borrowed "autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS MINUS <b>\$25</b> DED. FOR EACH COVERED AUTO. BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTENING. See ITEM FOUR for hired or borrowed "autos".	\$ N/A

SAMPLE AUTO DECLARATION

# DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
GARAGE COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
TRUCKERS COVERAGE FORM

POLICY NUMBER

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

## SCHEDULE

Name of Person(s) or Organization(s): CITY OF SIMI VALLEY
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

SAMPLE ADDITIONAL INSURED-  
AUTO