EXCESS LIABILITY SPECIAL ENDORSEMENT				FORM EXC2013/08	
FOR THE SAN DIEGO COUNTY WATER AUTHORITY		Endorsement No.: Issue Date(MM/DD/YY):			
PRODUCER		POLICY INFORMATION			
Company:	ompany:		Insurance Company:		
Address:		NAIC Code:	NAIC Code:		
		Policy No.:			
		Policy Period (from):	(to):		
Telephone:		Self-Insured Retention of \$			
NAMED INSURED		APPLICABILITY			
Company:		This insurance pertains to the operations, products, and/or activities of the			
Address:		Named Insured under all written contracts/agreements in force with the San Diego County Water Authority.			
TYPE OF INSURANCE		OTHER PROVISIONS			
EXCESS LIABILITY Claims Made Retroactive date:					
UMBRELLA LIABILITY Occurrence  LIABILITY LIMITS		CLAIMS Representative for claims pursuant to this insurance			
EACH OCCURRENCE	AGGREGATE Name:				
		Company:			
		Address:			
\$	\$	Addioso.			
		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 attached thereto, it is agreed as follows:					
<ol> <li>ADDITIONAL INSURED. The San Diego County Water Authority, its directors, officers, employees, and agents are included as additional insured with regard to liability and defense of suits or claims arising from the operations, products and activities performed by or on behalf of the Name Insured.</li> </ol>					
2. <b>CONTRIBUTION NOT REQUIRED.</b> This insurance shall be primary to any insurance or self-insurance of those insureds added by this endorsement. Any other insurance or self-insurance maintained by the insureds added by this endorsement shall be in excess of and shall not contribute with this insurance.					
3. <b>SEVERABILITY OF INTEREST.</b> This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the company's limit 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. <b>CANCELLATION NOTICE.</b> With respect to the interests of the San Diego County Water Authority, this insurance shall not be canceled or materially reduced in coverage except after thirty (30) days prior written notice has been given to the San Diego County Water Authority at address indicated					
<ul> <li>below. (Except 10 days shall be allowed for non-payment of premium.)</li> <li>PROVISIONS REGARDING THE INSURED'S DUTIES. Any failure by the Named Insured to comply with reporting provisions of the policy or breaches or violations of warranties shall not affect coverage provided to the insureds added by this endorsement.</li> </ul>					
6. <b>SCOPE OF COVERAGE.</b> By this endorsement, the insurer warrants that the insurance afforded by the umbrella or excess policy is at least as broad as the underlying policy.					
7. UNDERLYING POLICY(IES). The insurance policies underlying this umbrella or excess policy are:					
INSURER	POL	CY NO.	POLIC	CY PERIOD	
				-	
				-	
				-	
ENDORSEMENT HOLDER/ ADDITIONAL INSURED AUTHORIZED REPRESENTATIVE					
SAN DIEGO COUNTY WATER AUTHORITY 4677 OVERLAND AVENUE SAN DIEGO, CA 92123 858-522-6650		I , 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.			
		Title:			
		mployer of Signatory:			
Project:		Telephone:	Dates	signed:	

SIGNATURE: