

**PROFESSIONAL LIABILITY SPECIAL ENDORSEMENT**

FORM PRF 2013/08

For the San Diego County Water Authority

Endorsement No.:

Issue Date(MM/DD/YY):

**PRODUCER****POLICY INFORMATION**

Company:

Address:

Telephone:

Insurance Company:

NAIC Code:

Policy No.:

Policy Period (from): (to):

Deductible of \$

Self-Insured Retention of \$

**NAMED INSURED****APPLICABILITY**

Company:

Address:

This insurance pertains to the operations, products, and/or activities of the Named Insured under all written contracts/agreements in force with the San Diego County Water Authority.

**TYPE OF INSURANCE****CLAIMS** Representative for claims pursuant to this insurance

Claims Made Form      Retroactive Date:  
Occurrence Form

Name:

Company:

Address:

Telephone:

**COVERAGES****LIABILITY LIMITS**

EACH OCCURRENCE

AGGREGATE

ARCHITECTS/ENGINEER'S PROFESSIONAL LIABILITY

\$

\$

ENVIRONMENTAL PROFESSIONAL LIABILITY

\$

\$

CONTRACTORS/ PROJECT MANAGER'S PROFESSIONAL LIABILITY

\$

\$

LAWYER'S PROFESSIONAL LIABILITY

\$

\$

OTHER:

\$

\$

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:

- CANCELLATION NOTICE.** This insurance shall not be canceled or materially reduced in coverage except after thirty (30) days prior written notice has been given to the Water Authority at address indicated below. (Except 10 days shall be allowed for non-payment of premium.)
- OTHER PROVISIONS.** The following exclusions or special provisions apply to this coverage.

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****AUTHORIZED REPRESENTATIVE****SAN DIEGO COUNTY WATER AUTHORITY**

4677 OVERLAND AVENUE

SAN DIEGO, CA 92123

858-522-6650

Project:

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:

Employer of Signatory:

Telephone:

Date signed:

**SIGNATURE:** \_\_\_\_\_