

ADDITIONAL INSURED ENDORSEMENT (PERMITS)

Insurance Company: _____

This endorsement amends and modifies such insurance as is afforded by the provisions of **Policy No.** _____ relating to the following:

1. The City of Burbank, 275 East Olive Avenue, Burbank, CA 91502, its officers, employees, agents and representatives (collectively the "City") are named as additional insureds ("additional insureds") with regard to liability and defense of suits with respect to operations performed by the insured or on their behalf for which the City has issued a permit. This insurance does not apply to (a) "bodily injury", "property damage", "personal injury" or "advertising injury" arising out of operations performed for the City; or (b) "bodily injury" or "property damage" included within the "products-completed operations hazard."
2. With respect to claims arising out of the operations and uses performed by or on behalf of the named insured for which the City has issued a permit, such insurance as is afforded by this policy is primary and is not additional to or contributing with any other insurance carried by or for the benefit of the additional insureds.
3. This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the company's limits 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. With respect to the additional insureds, this insurance shall not be cancelled, or materially reduced in coverage or limits except after ten (10) days written notice has been given to the City of Burbank, Community Development Department, Building Division, 150 N. Third St., Burbank, CA 91502.

(Completion of the following, including countersignature, is required to make this endorsement effective.)

Effective _____, **this endorsement forms a part of**

Policy No. _____

Issued to: _____
Named Insured

COUNTERSIGNED BY: _____

Printed Name: _____ **Title:** _____

Insurance Company Name: _____