

**CRIME INSURANCE/FIDELITY – ADDITIONAL INSURED ENDORSEMENT
CITY OF LOS ANGELES
DEPARTMENT OF WATER AND POWER**

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:** The City of Los Angeles, the Board of Water and Power Commissioners of the City of Los Angeles, the Department of Water and Power, their officers, agents, and employees are included as insureds with regard to loss and liability arising from the Named Insured's care, custody and control/access to Department moneys, securities, funds, instruments, assets, and/or inventory.
2. **CONTRIBUTION NOT PERMITTED:** Any other insurance maintained by the Department of Water and Power shall be excess of this insurance and shall not contribute with it.
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 Los Angeles Department of water & Power addressed as follows: Risk Management Section, Department of Water and Power, 111 N. Hope Street, Room 465, Los Angeles, California 90012.
4. **APPLICABILITY:** This insurance pertains to the operations and/or tenancy of the Named Insured under all written agreements in force with the Department of Water and Power unless checked here , in which case only the following specific agreements with the Department of Water and Power are covered:
5. **MAILING ADDRESS:** Completed endorsements will be sent to the Department of Water and Power as follows:
7. **CLAIMS:** Claims should be reported to:

Los Angeles Department of Water and Power
Risk Management Section
P.O. Box 51111, Rm. 465
Los Angeles, California 90051-0100

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.

<p>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.</p> <p>8. Signature: _____ Authorized Representative of INSURER</p> <p>TITLE: _____</p> <p>9. ORGANIZATION: _____</p> <p>ADDRESS: _____</p> <p>TELEPHONE: _____</p>	<p>10. Coverage Includes (check as applicable):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Crime Insurance</td> <td><input type="checkbox"/> Theft, Disappearance or Destruction</td> </tr> <tr> <td><input type="checkbox"/> Fidelity Bond</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Financial Institution Bond</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Loss of Monies/Securities</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Wire Transfer Fraud</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Computer Fraud</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Faithful Performance Bond</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Employee Dishonesty</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Forgery/Alteration of Docs</td> <td></td> </tr> <tr> <td><input type="checkbox"/> In Transit Coverage</td> <td>_____</td> </tr> <tr> <td></td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Crime Insurance	<input type="checkbox"/> Theft, Disappearance or Destruction	<input type="checkbox"/> Fidelity Bond	<input type="checkbox"/> Other _____	<input type="checkbox"/> Financial Institution Bond	<input type="checkbox"/> Other _____	<input type="checkbox"/> Loss of Monies/Securities		<input type="checkbox"/> Wire Transfer Fraud		<input type="checkbox"/> Computer Fraud		<input type="checkbox"/> Faithful Performance Bond		<input type="checkbox"/> Employee Dishonesty		<input type="checkbox"/> Forgery/Alteration of Docs		<input type="checkbox"/> In Transit Coverage	_____		_____
<input type="checkbox"/> Crime Insurance	<input type="checkbox"/> Theft, Disappearance or Destruction																						
<input type="checkbox"/> Fidelity Bond	<input type="checkbox"/> Other _____																						
<input type="checkbox"/> Financial Institution Bond	<input type="checkbox"/> Other _____																						
<input type="checkbox"/> Loss of Monies/Securities																							
<input type="checkbox"/> Wire Transfer Fraud																							
<input type="checkbox"/> Computer Fraud																							
<input type="checkbox"/> Faithful Performance Bond																							
<input type="checkbox"/> Employee Dishonesty																							
<input type="checkbox"/> Forgery/Alteration of Docs																							
<input type="checkbox"/> In Transit Coverage	_____																						

<p>11. Type of Coverage</p> <p><input type="checkbox"/> Occurrence <input type="checkbox"/> Claims Made – Retroactive Date</p>	<p>12. Limits of Liability</p> <p>Occurrence Aggregate</p> <p>\$ _____ \$ _____</p> <p><input type="checkbox"/> Aggregate Specific to _____</p>	<p>13. Policy Period</p> <p>From To</p> <p>_____ _____</p>	
<p>14. <input type="checkbox"/> Deductible <input type="checkbox"/> Self-insured Retention (check which) of \$ _____ applies to _____ coverage. <input type="checkbox"/> Per Claim <input type="checkbox"/> Per Occurrence</p>			
<p>15. Other provisions (use reverse side, if necessary):</p>			
<p>16. Named Insured and Address:</p>			
<p>17. Insurance Company</p>	<p>18. Policy Number</p>	<p>19. Endorsement No.</p>	<p>20. Effective Date of Endorsement</p>