



City of Rohnert Park  
Development Services

## TRANSPORTATION PERMIT INFORMATION PACKET

### **PERMIT:**

Attached is the transportation permit packet for the City of Rohnert Park which includes the permit and required City insurance forms. The submittal of these forms does not constitute a valid permit; **all documents must be reviewed and accepted by the City prior to the issuance of any permit.**

City Ordinance requires that a permit request be submitted a minimum of 72 hours prior to the date required. **Due to limited staff in Development Services, the permit processing time is generally longer than 72 hours. Please plan accordingly.**

### **INSURANCE:**

Along with the transportation permit application, proof of general liability insurance in the amount of \$2 million dollars and auto liability in the amount of \$2 million dollars, or a satisfactory plan of self-insurance is required. Such insurance must cover all bodily injury and property liability incurred during the moving period, and must have an endorsement naming the City of Rohnert Park as additional insured and providing primary coverage. The endorsements must include the following language: *"The City of Rohnert Park, its officials, officers, employees and volunteers are named as additional insured."*

Enclosed are the City's required insurance forms for your use. **Please note that if insurance documents are not submitted on City forms, the review process could take several weeks.**

### **FEES:**

The current fees for a transportation permit issued by the City of Rohnert Park are as follows:

|                |         |                |         |
|----------------|---------|----------------|---------|
| Single Permit: | \$16.00 | Annual Permit: | \$90.00 |
|----------------|---------|----------------|---------|

All checks should be made payable to the City of Rohnert Park. A copy of the check must be submitted with the permit application. Please do not mail a check until your permit has been approved. All checks received prior to the issuance of any permit will be returned.

### **PLEASE ENSURE THAT THE FOLLOWING ARE SUBMITTED TOGETHER:**

- Completed Transportation Permit form;**
- Completed Insurance Certificate on City form;**
- General Liability Insurance endorsement on City form (CG 20 12 07 98);**
- Automobile Insurance endorsement on City form;**
- Proof of Workers Compensation Insurance with Waiver of Subrogation;**
- Copy of check or money order for permit fee.**

After permit approval, please send final approved insurance certificate and endorsements with wet signatures and check or money order to:

City of Rohnert Park  
ATTN: Development Services  
130 Avram Avenue  
Rohnert Park, CA 94928

Thank you.

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**ROHNERT PARK**  
**TRANSPORTATION PERMIT**  
 City of Rohnert Park - Development Services  
 130 Avram Avenue  
 Rohnert Park, CA 94928  
 Phone: 707-588-2232 Fax: 707-794-9242  
 www.rpccity.org

PERMIT VALID

PERMIT NUMBER

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

**ET** - \_\_\_\_\_

MOVING AUTHORIZED

SATURDAY: \_\_\_\_\_ SUNDAY: \_\_\_\_\_ DARKNESS(CVC280) : NO \*

\*MOVEMENT OF OVERSIZE LOADS OR VEHICLES SHALL BE PROHIBITED DURING THE HOURS OF DARKNESS (ONE-HALF HOUR AFTER SUNSET TO ONE-HALF HOUR BEFORE SUNRISE), AND BETWEEN THE HOURS OF SIX A.M. AND NINE A.M., AND THREE-THIRTY P.M. AND SIX-THIRTY P.M., OR AS STIPULATED IN THE PERMIT.

APPLICATION FOR AN OVERSIZE LOAD PERMIT SHALL BE MADE TO THE OFFICE OF THE CITY ENGINEER A MINIMUM OF SEVENTY-TWO (72) HOURS PRIOR TO THE TIME PROPOSED FOR THE MOVE.

IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE/ZIP:** \_\_\_\_\_

**OFFICE PHONE NUMBER:** \_\_\_\_\_ **OFFICE FAX NUMBER:** \_\_\_\_\_

**(SHOW A DESCRIPTION OF THE LOAD OR EQUIPMENT AND MODEL NO. - INCLUDE DIMENSIONS OF LOAD)**  
 AUTHORIZATION IS GRANTED FOR THE FOLLOWING : \_\_\_\_\_ HAUL \_\_\_\_\_ DRIVE \_\_\_\_\_ TOW

**DESCRIPTION OF HAULING EQUIPMENT**

**LEGAL POWER UNIT**

| AXLE NUMBER                     | VEHICLE WIDTH: |   |   | KINGFLY TO LAST AXLE: |   |   | COMB. VEHICLE LENGTH: |   |   |
|---------------------------------|----------------|---|---|-----------------------|---|---|-----------------------|---|---|
|                                 | 1              | 2 | 3 | 4                     | 5 | 6 | 7                     | 8 | 9 |
| NUMBER OF TIRES PER AXLE        |                |   |   |                       |   |   |                       |   |   |
| DISTANCE BETWEEN AXLES          |                |   |   |                       |   |   |                       |   |   |
| WIDTH OF AXLES AT TIRE SIDEWALL |                |   |   |                       |   |   |                       |   |   |
| MAXIMUM ALLOWABLE HEIGHT        | <b>LEGAL</b>   |   |   |                       |   |   |                       |   |   |

**LOADED DIMENSIONS GREATER THAN THOSE SHOWN BELOW OR WEIGHTS EXCEEDING THOSE ABOVE ARE NOT AUTHORIZED**

|                |               |                        |                  |               |
|----------------|---------------|------------------------|------------------|---------------|
| LOADED HEIGHT: | LOADED WIDTH: | LOADED OVERALL LENGTH: | LOADED OVERHANG: | WEIGHT CLASS: |
|----------------|---------------|------------------------|------------------|---------------|

**ORIGIN:** \_\_\_\_\_ **DESTINATION:** \_\_\_\_\_

**AUTHORIZED ROADS - OTHER AGENCY PERMITS ARE REQUIRED WHEREVER THE \* IS SHOWN IN THE ROUTE**

|                              |                  |                 |
|------------------------------|------------------|-----------------|
| PILOT CAR _____ YES _____ NO | FEE: \$16.00     | CONTACT PERSON: |
|                              | NUMBER OF TRIPS: | CONTACT NUMBER: |

Permittee shall indemnify, hold harmless, release and defend the City of Rohnert Park, its officers, elected officials, employees, agents and volunteers from and against any and all actions, claims, demands, damages, disability, losses, expenses including attorney's fees and other defense costs and liabilities of any nature that may be asserted by any person or entity including Permittee, in whole or in part, arising out of Permittee's activities hereunder in connection with the issuance of this Permit, including the activities of other persons employed or utilized by Permittee, excepting liabilities due to the sole negligence or willful misconduct of City. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable by or for Permittee under Worker's Compensation, disability or other employee benefit acts or the terms, applicability or limitations of any insurance held or provided by Permittee and shall continue to bind the parties after termination/completion of this Permit.

|  |   |
|--|---|
| <b>APPLICANT SIGNATURE:</b> _____              | {City Use Only}<br><br><br><br><br><br><br><br><br><br>APPROVED STAMP<br>(Permit not valid without stamp) |
| <b>DATE:</b> _____                             |   |
| {City Use Only}<br><b>AUTHORIZED BY:</b> _____ |   |
| <b>DATE:</b> _____                             |   |



## INSURANCE REQUIREMENTS FOR THE CITY OF ROHNERT PARK

### IMPORTANT NOTE

The Transportation Permit application includes the requirement to provide additional insured, primary coverage and cancellation endorsements. City-approved insurance forms are included in the Transportation Permit packet. If alternative forms are used, they are subject to additional review/approval by the City of Rohnert Park which will lengthen the permit approval time. Providing insurance documents that are acceptable to the city can take several days and sometimes weeks or months. This is because the City of Rohnert Park, along with 14 other small, northern California cities, belongs to a self-insured risk management pool, the Redwood Empire Municipal Insurance Fund (REMIF). The pool exists to protect the funds of these cities and to allow those funds, to the greatest extent possible, to be used for city services, and not to pay insurance claims or legal fees unless the city is found to be negligent. As a result, our insurance requirements may be somewhat different than what is generally required of insurers. However, these requirements are set by REMIF, and each city must follow the requirements or risk being expelled from the pool.

Certificates and Endorsements may be faxed to 707-794-9242 or emailed to [engineering@rpcity.org](mailto:engineering@rpcity.org).

Please be certain that all documents are sent in one fax or email submission.

**NOTE: The submission of insurance documents does not constitute acceptance by the City.**

Originals with wet signatures **must be** sent to: Attn: Development Services, 130 Avram Avenue, Rohnert Park, CA 94928

Questions may be addressed to the Administrative Assistant, at 707-588-2232

Prior to issuance of a Transportation Permit, the Permittee shall furnish the following documents to Development Services for approval. Coverage shall be effective throughout the term of this permit:

Certificates of Insurance with original, authorized signatures, providing the following minimum insurance coverage(s):

1. **General Liability:** \$2,000,000 Combined Single Limit per occurrence for bodily injury, personal injury, and property damage.
2. **Automobile Liability:** "Any Auto" \$2,000,000 Combined Single Limit per accident for bodily injury and property damage.
3. **Workers' Compensation:** Workers' Compensation Insurance as required by the State of California and Employer's Liability Insurance of \$1,000,000 per accident for bodily injury or disease.

All insurance carriers shall be rated A:VII or better and certificates **SHALL** be accompanied by the following endorsements:

A. **LIABILITY INSURANCE ENDORSEMENT** containing the following specific components:

1. The insurance policy number.
2. A statement that includes the following language:  
*"The City of Rohnert Park, including its officers, elected officials, employees, agents and volunteers are insureds."*
3. A statement that includes the following language:  
*"The insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it."*
4. A statement that includes the following language:  
*"The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail, return-receipt requested has been given to the City."*

**NOTE:** A CG 20 12 07 98 form "Additional Insured – State or Political Subdivisions – Permits" is preferred for the General Liability additional insured endorsement.

**NOTE:** The City will accept strike out of the words "endeavor to" and everything after "...certificate holder named to the left," on the Certificate of Insurance in lieu of cancellation language on an endorsement.

B. **AUTOMOBILE INSURANCE ENDORSEMENT** containing the following specific components:

1. The insurance policy number.
2. A statement that includes the following language:  
*"The City of Rohnert Park, including its officers, elected officials, employees, agents and volunteers are insureds."*
3. A statement that includes the following language:  
*"The insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured schedule above shall be in excess of this insurance and shall not be called upon to contribute with it."*
4. A statement that includes the following language:  
*"The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City."*

**NOTE:** Within having "Any Auto" coverage, the City is willing to accept a memo from most brokers that would state "Scheduled Autos, Hired Autos, And Non-Owned Autos" also meet the City's requirements for coverage minimums.

C. **WORKERS' COMPENSATION INSURANCE ENDORSEMENT** containing the following specific components:

1. A waiver of subrogation clause which states the following:  
*"This insurance company agrees to waive all rights of subrogation against the City of Rohnert Park, its officers, elected officials, employees, agents and volunteers for losses paid under the terms of this policy which arise from the work performed by the named insured for the City."*
2. The insurance policy number.
3. A statement that includes the following language:  
*"The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail, return receipt requested has been given to the City."*

**NOTE:** Certificates issued by State Compensation Insurance Fund **must have** State Fund endorsement numbers 2065 and 2570 on them.

**CITY-APPROVED INSURANCE FORM SAMPLES FOLLOW**

If alternative forms are used, they are subject to approval by the City of Rohnert Park. **This will lengthen the permit approval time.**

The City of Rohnert Park reserves the right to require more coverage than indicated above, and to reject any language or forms that do not meet the City's requirements. The use of excess/umbrella policies to provide required coverage is permissible provided the umbrella policies are appropriately endorsed and meet all other requirements. If excess/umbrella coverage is included in your submittal, please attach a letter attesting the following: *"Umbrella or excess liability policies shall provide coverage at least as broad as specified for underlying coverages and covering those insured in the underlying policies. Coverage shall be "pay on behalf", with defense costs payable in addition to policy limits. There shall be no cross liability exclusion of claims or suits by one insured against another."*

# CERTIFICATE OF INSURANCE

## CITY OF ROHNERT PARK (the "City")

ISSUE DATE MM/DD/YY)

|                         |   |                      |                  |                      |                         |       |       |                         |       |       |                         |       |       |                         |       |       |                         |       |       |
|-------------------------|---|----------------------|------------------|----------------------|-------------------------|-------|-------|-------------------------|-------|-------|-------------------------|-------|-------|-------------------------|-------|-------|-------------------------|-------|-------|
| PRODUCER                | THIS CERTIFICATE OF INSURANCE IS NOT AN INSURANCE POLICY AND DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.   |                      |                  |                      |                         |       |       |                         |       |       |                         |       |       |                         |       |       |                         |       |       |
| INSURED                 | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center;"><b>COMPANIES</b></td> <td style="text-align: center;"><b>BEST'S RATING</b></td> </tr> <tr> <td>COMPANY LETTER <b>A</b></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER <b>B</b></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER <b>C</b></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER <b>D</b></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>COMPANY LETTER <b>E</b></td> <td>_____</td> <td>_____</td> </tr> </table> |                      | <b>COMPANIES</b> | <b>BEST'S RATING</b> | COMPANY LETTER <b>A</b> | _____ | _____ | COMPANY LETTER <b>B</b> | _____ | _____ | COMPANY LETTER <b>C</b> | _____ | _____ | COMPANY LETTER <b>D</b> | _____ | _____ | COMPANY LETTER <b>E</b> | _____ | _____ |
|                         | <b>COMPANIES</b>  | <b>BEST'S RATING</b> |                  |                      |                         |       |       |                         |       |       |                         |       |       |                         |       |       |                         |       |       |
| COMPANY LETTER <b>A</b> | _____   | _____                |                  |                      |                         |       |       |                         |       |       |                         |       |       |                         |       |       |                         |       |       |
| COMPANY LETTER <b>B</b> | _____   | _____                |                  |                      |                         |       |       |                         |       |       |                         |       |       |                         |       |       |                         |       |       |
| COMPANY LETTER <b>C</b> | _____   | _____                |                  |                      |                         |       |       |                         |       |       |                         |       |       |                         |       |       |                         |       |       |
| COMPANY LETTER <b>D</b> | _____   | _____                |                  |                      |                         |       |       |                         |       |       |                         |       |       |                         |       |       |                         |       |       |
| COMPANY LETTER <b>E</b> | _____   | _____                |                  |                      |                         |       |       |                         |       |       |                         |       |       |                         |       |       |                         |       |       |

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO LTR | TYPE OF INSURANCE  | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | ALL LIMITS IN THOUSANDS          |    |
|--------|--|---------------|----------------------------------|-----------------------------------|----------------------------------|----|
|        | GENERAL LIABILITY<br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR.<br><input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.<br><input type="checkbox"/> OTHER _____                                |               |                                  |                                   | GENERAL AGGREGATE                | \$ |
|        |  |               |                                  |                                   | PRODUCTS-COMP/OPS AGGREGATE      | \$ |
|        |  |               |                                  |                                   | PERSONAL & ADVERTISING INJURY    | \$ |
|        |  |               |                                  |                                   | EACH OCCURRENCE                  | \$ |
|        |  |               |                                  |                                   | FIRE DAMAGE (Any one fire)       | \$ |
|        |  |               |                                  |                                   | MEDICAL EXPENSE (Any one person) | \$ |
|        | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS<br><input type="checkbox"/> GARAGE LIABILITY |               |                                  |                                   | COMBINED SINGLE LIMIT            | \$ |
|        |  |               |                                  |                                   | BODILY INJURY (Per person)       | \$ |
|        |  |               |                                  |                                   | BODILY INJURY (Per accident)     | \$ |
|        |  |               |                                  |                                   | PROPERTY DAMAGE                  | \$ |
|        | EXCESS LIABILITY<br><input type="checkbox"/> UMBRELLA<br><input type="checkbox"/> OTHER THAN UMBRELLA FORM   |               |                                  |                                   | EACH OCCURRENCE                  | \$ |
|        |  |               |                                  |                                   | AGGREGATE                        | \$ |
|        | <input type="checkbox"/> WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY  |               |                                  |                                   | STATUTORY                        |    |
|        |  |               |                                  |                                   | EACH ACCIDENT                    | \$ |
|        |  |               |                                  |                                   | DISEASE-POLICY LIMIT             | \$ |
|        |  |               |                                  |                                   | DISEASE-EACH EMPLOYEE            | \$ |
|        | PROPERTY INSURANCE<br><input type="checkbox"/> COURSE OF CONSTRUCTION  |               |                                  |                                   | AMOUNT OF INSURANCE              | \$ |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

- THE FOLLOWING PROVISIONS APPLY:**
1. None of the above-described policies will be canceled until after 30 days' written notice has been given to the City at the address indicated below.
  2. The City of Rohnert Park, its officers, elected officials, employees, agents and volunteers are added as insureds on all liability insurance policies listed above.
  3. It is agreed that any insurance or self-insurance maintained by the City will apply in excess of and not contribute with, the insurance described above.
  4. The City is named a loss payee on the property insurance policies described above, if any.
  5. All rights of subrogation under the property insurance policy listed above have been waived against the City.
  6. The workers' compensation insurer named above, if any, agrees to waive all rights to subrogation against the City for injuries to employees of the insured resulting from work for the City or use of the City's premises or facilities.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER/ADDITIONAL INSURED</b><br><b>CITY OF ROHNERT PARK</b><br><b>130 AVRAM AVENUE</b><br><b>ROHNERT PARK, CA 94928</b> | <b>AUTHORIZED REPRESENTATIVE</b><br><br>SIGNATURE _____<br>TITLE _____<br>PHONE NO. _____ |
|---|---|

POLICY NUMBER: \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – STATE OR POLITICAL SUBDIVISIONS – PERMITS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**State Or Political Subdivision:**

The City of Rohnert Park, its officers, elected officials, employees, agents and volunteers are named as additional insured.

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II – Who Is An Insured** is amended to include as an insured any state or political subdivision shown in the Schedule, subject to the following provisions:

1. This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

2. This insurance does not apply to:

- a. "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
- b. "Bodily injury" or "property damage" included within the "products-completed operations hazard".

**SUBMIT IN DUPLICATE**

**AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT  
FOR CITY OF ROHNERT PARK (the "City")**

ENDORSEMENT NO.

ISSUE DATE (MM/DD/YY)

PRODUCER

**POLICY INFORMATION:**

Insurance Company:

Policy No.:

Policy Period: (from)

(to)

LOSS ADJUSTMENT EXPENSE

Included in Limits

In Addition to Limits

Telephone

Deductible  Self-Insured Retention (check which) of \$ \_\_\_\_\_

NAMED INSURED

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

**TYPE OF INSURANCE**

**OTHER PROVISIONS**

COMMERCIAL AUTO POLICY

BUSINESS AUTO POLICY

OTHER \_\_\_\_\_

**LIMIT OF LIABILITY**

**CLAIMS:** Underwriter's representative for claims pursuant to this insurance.

\$ \_\_\_\_\_ per accident, for bodily injury and property damage.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

In consideration of the premium charged and notwithstanding an 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. **INSURED.** The City of Rohnert Park, its officers, elected officials, employees, agents and volunteers are included as insureds with regard to damages and defense of claims arising from: the ownership, operation, maintenance, use, loading or unloading of any auto owned, leased, hired or borrowed by the Named Insured, or for which the Named Insured is responsible.
2. **CONTRIBUTION NOT REQUIRED.** As respects work performed by the Named Insured for or on behalf of the City, the insurance afforded by this policy shall: (a) be primary insurance as respects the City, its officers, officials, employees or volunteers; or (b) stand in an unbroken chain of coverage excess of the Named Insured's primary coverage. Any insurance or self-insurance maintained by the City, its officers, officials, employees and volunteers shall be excess of the Named Insured's insurance and not contribute with it.
3. **CANCELLATION NOTICE.** With respect to the interests of the City, this insurance shall not be cancelled, except after thirty (30) days prior written notice by receipted delivery has been given to the City.
4. **SCOPE OF COVERAGE.** This policy affords coverage at least as broad as:  
(1) If primary, Insurance Services Office form number CA0001 (Ed. 1/87), Code 1 ("any auto"); or  
(2) If excess, affords coverage which is at least as broad as the primary insurance forms referenced in the preceding section (1).

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**

CITY

**CITY OF ROHNERT PARK  
130 AVRAM AVENUE  
ROHNERT PARK, CA 94928**

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

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)

Telephone: ( ) \_\_\_\_\_

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

| <b>SUBMIT IN DUPLICATE</b>   |   |                       |
|--|---|-----------------------|
| <b>WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY<br/>SPECIAL ENDORSEMENT<br/>FOR <u>CITY OF ROHNERT PARK</u> (the "City")</b>   | ENDORSEMENT NO.   | ISSUE DATE (MM/DD/YY) |
| PRODUCER<br><br><br><br><br>Telephone _____  | <b>POLICY INFORMATION:</b><br>Insurance Company: _____<br>Policy No.: _____<br>Policy Period: (from) _____ (to) _____   |                       |
| NAMED INSURED  | <b>OTHER PROVISIONS</b>   |                       |
| <b>CLAIMS:</b> Underwriter's representative for claims pursuant to this insurance.<br>Name: _____<br>Address: _____<br>Telephone: (_____) _____  | <b>EMPLOYERS LIABILITY LIMITS</b><br>\$ _____ (Each Accident)<br>\$ _____ (Disease - Policy Limit)<br>\$ _____ (Disease - Each Employee)  |                       |
| In consideration of the premium charged and notwithstanding an inconsistent statement in the policy to which this endorsement is attached or any endorsement now or hereafter attached thereto, it is agreed as follows:<br>1. CANCELLATION NOTICE. This insurance shall not be cancelled, except after thirty (30) days prior written notice by receipted delivery has been given to the City.<br>2. WAIVER OF SUBROGATION. This insurance Company agrees to waive all rights of subrogation against the City, its officers, officials, employees, agents and volunteers for losses paid under the terms of this policy which arise from the work performed by the Named Insured.<br>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. |   |                       |
| <b>ENDORSEMENT HOLDER</b>  | AUTHORIZED <input type="checkbox"/> Broker/Agent <input type="checkbox"/> Underwriter <input type="checkbox"/> _____<br>REPRESENTATIVE  |                       |
| <b>CITY OF ROHNERT PARK<br/>130 AVRAM AVENUE<br/>ROHNERT PARK, CA 94928</b>  | 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.<br><br>Signature _____<br>(original signature required)<br><br>Telephone: ( ) _____ Date signed: _____ |                       |