

WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY SPECIAL ENDORSEMENT

FORM WRK2013/08

For the San Diego County Water Authority

Endorsement No.:

Issue Date (MM/DD/YY):

PRODUCER

Company:

Address:

Telephone:

POLICY INFORMATION

Insurance Company:

NAIC Code:

Policy No.:

Policy Period (from):

(to):

Deductible of \$

Self-Insured Retention of \$

NAMED INSURED

Company:

Address:

APPLICABILITY

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

COVERAGES

STATUTORY WORKERS' COMPENSATION

EMPLOYER'S LIABILITY

\$

Bodily Injury (each accident)

\$

Bodily Injury by Disease (each employee)

\$

Bodily Injury by Disease (policy limit)

OTHER:

OTHER PROVISIONS**CLAIMS** Representative for claims pursuant to this insurance.

Name:

Company:

Address:

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:

- WAIVER OF SUBROGATION.** This Insurance Company agrees to waive all rights of subrogation against the San Diego County Water Authority, its directors, officers, employees, and agents for losses paid under the terms of this policy which arise from the work performed by the Named Insured for the San Diego County Water Authority.
- CANCELLATION NOTICE.** 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 below. (Except 10 days shall be allowed for non-payment of premium.)

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**SAN DIEGO COUNTY WATER AUTHORITY**

4677 OVERLAND AVENUE

SAN DIEGO, CA 92123

858-522-6650

Project:

AUTHORIZED REPRESENTATIVE

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: _____