AUTOMOBILE LIABILITY SPECIAL ENDORSEMENT FOR CITY OF ROCKLIN, CALIFORNIA (the "City")		SUBMIT IN DUPLICATE		
		ENDORSEMENT NO.	ISSUE DATE (MMDDYY)	
PRODUCER: Telephone:	Insurance Compan Policy No.: Policy Period: (fro	POLICY INFORMATION: Insurance Company: Policy No.: Policy Period: (from) (to) LOSS ADJUSTMENT EXPENSE Included in Limits In Addition to Limits		
NAME OF INSURED:	of \$ APPLICABILITY. This in	Deductible Self-Insured Retention (check which) of \$ APPLICABILITY. This insurance pertains to the operations and/or tenancy of the named insured under all written agreements and permits in force with the Entity unless checked here in which case only the following specific agreements and permits with the Entity are covered: ENTITY AGREEMENTS/PERMITS		
PROJECT NAME:	only the following specific a			
TYPE OF INSURANCE	OTHER PROVIS	OTHER PROVISIONS:		
 COMMERCIAL AUTO POLICY BUSINESS AUTO POLICY OTHER 				
LIMIT OF LIABILITY		CLAIMS : Underwriter's representative for claims pursuant to this insurance.		
\$accident, for bodily injury and property dan	per Address:			
 In consideration of the premium charged and rendorsement now or hereafter attached thereto, if 1. INSURED. The City, its elected or appoind defense of claims arising from the ownership. Named Insured, or for which the Named In negligence of the additional insured in any c section 2782 of the Civil Code. 	it is agreed as follows: nted officers, agents, volunteers and e , operation, maintenance, use, loading isured is responsible, except that cov	employees are included as insur or unloading of any auto owned erage shall not extend to any i	reds with regard to damages and l, leased, hired or borrowed by the indemnity coverage for the active	
 CONTRIBUTION NOT REQUIRED. As responsible policy shall be primary insurance as respects chain of coverage excess of the Named Instelected or appointed officers, officials, employed and the statement of the statemen	s the City, its elected or appointed off ured's primary coverage. In either ex-	ficers, officials, employees or vo vent, any insurance or self-insur	lunteers; or stand in an unbroken rance maintained by the City, its	
3. CANCELLATION NOTICE. The insurance except after thirty (30) days written notice by	coverage shall not be assigned, reduce certified mail, return receipt requested	ed, amended, cancelled, terminat d, to City.	ed, or not renewed by either party	
 4. SCOPE OF COVERAGE. This policy, if prin (1) Insurance Services Office form number C (2) If excess, affords coverage which is at learning the service of the	CA0001 (Ed. 1/87), Code 1 ("any auto"	"); or	section (1).	
Except as stated above nothing herein shall be which this endorsement is attached.	held to waive, alter or extend any of	f the limits conditions, agreeme	nts or exclusions of the policy to	
ENDORSEMENT HOLDER				
	AUTHORIZED REPRESENTATIVE			
City of Rocklin 3970 Rocklin Road Backlin, CA 05677	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.			
Rocklin, CA 95677	Signature			

(original signature required)

Telephone: (_____) Date Signed

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