

## AGREEMENT BIBLIOGRAPHY

Agreement With:	Master Landscape and Maintenance, Inc.
Agreement Type:	Trimming of Oleander Bushes and Storm Drain Maintenance at various locations for the City of Garden Grove
Date Approved:	11 25 2014
Start Date:	09 25 2012
End Date:	09 24 2015
Contract Amount:	\$12,000
Comments:	Amendment No. 1 Public Works
Insurance Expiration:	04 02 2015
Date Archived:	



**CITY OF GARDEN GROVE  
OFFICE OF THE CITY CLERK**

*Safeguard all official records of the City.  
Conduct municipal elections and oversee legislative administration.  
Provide reliable, accurate, and timely information to the  
City Council, staff, and the general public.*

Bruce A. Broadwater  
Mayor

Dina Nguyen  
Mayor Pro Tem

Steven R. Jones  
Council Member

Christopher V. Phan  
Council Member

Kris Beard  
Council Member

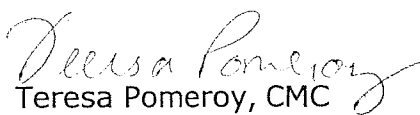
December 2, 2014

Master Landscape and Maintenance, Inc.  
10171 Northampton Avenue  
Westminster, CA 92683

Enclosed is a copy of Amendment No. 1 to the Agreement by and between the City of Garden Grove and Master Landscape and Maintenance, Inc. to provide all material equipment, transportation, traffic control, and labor for trimming of Oleander Bushes and Storm Drain Maintenance at various locations for the City of Garden Grove.

Sincerely,

Kathleen Bailor, CMC  
City Clerk

By:   
Teresa Pomeroy, CMC  
Deputy City Clerk

Enclosure

c: Finance Department  
Finance Department/Purchasing  
Public Works

# City of Garden Grove

## AMENDMENT NO. 1

FOR: Contractor to Provide all material, equipment, transportation, traffic control, and labor for trimming of Oleander Bushes and Storm Drain Maintenance at various locations for the City of Garden Grove.

This Amendment No. 1 to Contract is made and entered into this 25<sup>th</sup> day of November, 2014, by and between the City of Garden Grove, hereinafter referred to as the "CITY", and **Master Landscape and Maintenance, Inc.**, hereinafter referred to as "CONTRACTOR".

WHEREAS, Contractor and CITY entered into Contract No. 150033 effective September 25, 2012, and;

WHEREAS, Contractor and CITY desire to amend the Existing Contract as provided herein.

Now, therefore, it is mutually agreed, by and between the parties as follows:

### Section 3.1, Compensation, shall be revised as follows:

The contract Amount is hereby increased from \$52,133.76 to a new Not to Exceed Amount of \$64,133.76 this is an increase of \$12,000.00 to allow for unforeseen costs through the initial term of the agreement.

### Section 4.0. INSURANCE - shall be revised as follows:

- 4.1 COMMENCEMENT OF WORK. CONTRACTOR shall not commence work under this Agreement until all certificates and endorsements have been received and approved by the CITY. All insurance required by this Agreement shall contain a Statement of Obligation on the part of the carrier to notify the CITY of any material change, cancellation, or termination at least thirty (30) days in advance.
- 4.2 WORKERS COMPENSATION INSURANCE. During the duration of this Agreement, CONTRACTOR and all subcontractors shall maintain Workers Compensation Insurance in the amount and type required by law, if applicable.
- 4.3 INSURANCE AMOUNTS. CONTRACTOR shall maintain the following insurance for the duration of this Agreement:
  - (a) Commercial general liability in an amount of \$1,000,000.00 per occurrence (**claims made and modified occurrence policies are not**

**acceptable);** Insurance companies must be acceptable to CITY and have a Best's Guide Rating of A-, Class VII or better, as approved by the CITY.

- (b) Automobile liability in an amount of \$1,000,000.00 combined single limit **(claims made and modified occurrence policies are not acceptable);** Insurance companies must be acceptable to CITY and have a Best's Guide Rating of A-, Class VII or better, as approved by the CITY.

An **On-Going and Completed Operations Additional Insured Endorsement** for the policy under section 4.3 (a) shall designate CITY, it's officers, officials, employees, agents, and volunteers as additional insureds for liability arising out of work or operations performed by or on behalf of the CONTRACTOR. CONTRACTOR shall provide to CITY proof of insurance and endorsement forms that conform to CITY's requirements, as approved by the CITY.

An Additional Insured Endorsement for the policy under section 4.3 (b) shall designate CITY, it's officers, officials, employees, agents, and volunteers as additional insureds for automobiles, owned, leased, hired, or borrowed by the CONTRACTOR. CONTRACTOR shall provide to CITY proof of insurance and endorsement forms that conform to CITY's requirements, as approved by the CITY.

For any claims related to this Agreement, CONTRACTOR's insurance coverage shall be primary insurance as respects CITY, it's officers, officials, employees, agents, and volunteers. Any insurance or self-insurance maintained by the CITY, it's officers, officials, employees, agents, and volunteers shall be excess of the CONTRACTOR's insurance and shall not contribute with it.

*If CONTRACTOR maintains higher insurance limits than the minimums shown above, CONTRACTOR shall provide coverage for the higher insurance limits otherwise maintained by the CONTRACTOR.*

Except as expressly amended hereby, the Existing Contract remains in full force and effect as originally executed.

IN WITNESS WHEREOF, the parties have caused this Amendment No. 1 to the Existing Contract to be executed by their respective officers duly authorized on the date first written above.

Date: 11/25/14

**"CITY"**  
**CITY OF GARDEN GROVE**

By:   
PMB for **City Manager**

**ATTESTED:**

  
**City Clerk**


Date: 11/25/2014

**"CONTRACTOR"**  
**Master Landscape and Maintenance, Inc.,**

By:   
Name: ROBERT WHITECOTTON  
Title: PRESIDENT  
Date: NOV. 3, 2014

If CONTRACTOR is a corporation, a Corporate Resolution and/or Corporate Seal is required. If a partnership, Statement of Partnership must be submitted to CITY.

**APPROVED AS TO FORM:**

  
Garden Grove City Attorney  
11-13-14  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/03/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Phone: (714) 973-1436 Fax: (714) 973-0811

ELMCO INSURANCE, INC.  
1905 N. MAIN STREET  
SANTA ANA CA 92706-2779

CONTACT NAME: ELMCO INSURANCE, INC.

PHONE (A/C, No, Ext): (714) 973-1436

FAX (A/C, No): (714) 973-0811

E-MAIL ADDRESS: www.elmcoinsurance.com

Jennifer@elmcoinsurance.com Agency Lic#: 0509747

INSURED  
MASTER LANDSCAPE AND MAINTENANCE, INC.  
10171 NORTHAMPTON AVENUE  
WESTMINSTER, CA 92683-7558

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A :	GOLDEN EAGLE INSURANCE CORPORATION	10836 A,X,V
INSURER B :	GOLDEN EAGLE INSURANCE CORPORATION	10836 A,X,V
INSURER C :	SECURITY NATIONAL INS. CO./ AMTRUST	19879 A,X,I
INSURER D :		
INSURER E :		
INSURER F :		

## COVERAGES

CERTIFICATE NUMBER: 52532

REVISION NUMBER:

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 THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			CBP9572743	04/02/14	04/02/15	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED. EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY			BA9826977	04/02/14	04/02/15	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (per accident)	\$
								\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE	\$
	DED	RETENTION \$						\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SWC1043253	04/01/14	04/01/15	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE-POLICY LIMIT	\$ 1,000,000
A	OTHER BUSINESS PERSONAL PROP. SPECIAL; RC; 90% COINSURANCE			CBP9572743	04/02/14	04/02/15	BPP LIMIT: \$10,821	
							DEDUCTIBLE \$500	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SEE SUPPLEMENTAL CERTIFICATE INFORMATION

Reviewed and approved as to insurance language and/or requirements

*Heidi M. Jay*  
Risk Management  
11-20-14

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF GARDEN GROVE  
11222 ACACIA PARKWAY  
GARDEN GROVE, CA 92840

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Erin C. Walsh*

Erin Walsh

# SUPPLEMENT TO CERTIFICATE OF LIABILITY INS #52532

DATE  
NOV 3 2014

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

### LANDSCAPING SERVICE

CITY OF GARDEN GROVE, IT'S OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS ARE NAMED AS ADDITIONAL INSURED ON GENERAL LIABILITY ONLY AS RESPECTS TO NAMED INSURED'S OPERATIONS PER ATTACHED ADDITIONAL INSURED ENDORSEMENT CG 2010 AND CG 2037. SUCH INSURANCE IS PRIMARY AND NON-CONTRIBUTORY. ENDORSEMENTS ATTACHED. WAIVER OF SUBROGATION APPLIES TO GENERAL LIABILITY IN FAVOR OF CITY OF GARDEN GROVE, IT'S OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS. ENDORSEMENT ATTACHED. CITY OF GARDEN GROVE, IT'S OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS ARE NAMED AS ADDITIONAL INSURED IN REGARDS TO COMMERCIAL AUTOMOBILE LIABILITY.

Policy Number: CBP9572743	
Coverage Is Provided In GOLDEN EAGLE INSURANCE CORPORATION	
Named Insured: MASTER LANDSCAPE & MAINTENANCE INC	Agent: ELMCO INSURANCE  Agent Code: 4294058      Agent Phone: (714)-973-1436

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

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION**

Reviewed and approved as to insurance language and/or requirements.

*Heidi M. Jay*  
Risk Management  
11-20-14

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS AND VOLUNTEERS 11222 ACACIA PARKWAY, GARDEN GROVE, CA 92840 RE: VARIOUS LOCATIONS THROUGHOUT THE CITY OF GARDEN GROVE	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

**B.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.



Forming a part of

Policy Number: CBP9572743	
Coverage Is Provided In GOLDEN EAGLE INSURANCE CORPORATION	
Named Insured: MASTER LANDSCAPE & MAINTENANCE INC	Agent: ELMCO INSURANCE  Agent Code: 4294058      Agent Phone: (714)-973-1436

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR  
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury” or “property damage” caused, in whole or in part, by “your work” at the location designated and described in the schedule of this endorsement performed for that additional insured and included in the “products-completed operations hazard”.

**SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS,  
EMPLOYEES, AGENTS AND VOLUNTEERS  
11222 ACACIA PARKWAY  
GARDEN GROVE, CA 92840

**Location And Description Of Completed Operations:**

VARIOUS LOCATIONS THROUGHOUT THE CITY OF GARDEN GROVE  
LANDSCAPE/MAINTENANCE

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Reviewed and approved as to insurance language  
and/or requirements.  
*Neidra M. Jay*  
Risk Management  
11-20-14

© ISO Properties, Inc., 2004

CG 20 37 (07/04)

INSURED COPY

04/02/2014

9572743

NEUSXJSG1911

PGDM060D J22570

GC3HPPN 00000084 Page

10

Forming a part of

Policy Number: CBP 9572743 ✓	
Coverage Is Provided In GOLDEN EAGLE INSURANCE CORPORATION	
Named Insured: MASTER LANDSCAPE & MAINTENANCE INC	Agent: ELMCO INSURANCE  Agent Code: 4294058      Agent Phone: (714)-973-1436

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

**AMENDMENT OF OTHER INSURANCE CONDITION – DESIGNATED PERSONS OR ORGANIZATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

With respect to coverage afforded by this endorsement, the provisions of the policy apply unless modified by the endorsement.

**A. The following is added to provision a. Primary Insurance of paragraph 4. Other Insurance under SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS:**

However, when the person or organization shown in the Schedule of this endorsement has been added as an additional insured to this Coverage Part by attachment of an endorsement, we will not seek contribution from the "person's or organization's own insurance" provided that:

- (1) You and such person or organization have agreed in a written contract that this insurance is primary and non-contributory; and
- (2) The "bodily injury" or "property damage" occurs, or the "personal and advertising injury" is committed, subsequent to the execution of such contract.

**B. For the purposes of this endorsement the following is added to SECTION V – DEFINITIONS:**

"Person's or organization's own insurance" means other insurance:

- a. That covers liability for damages arising out of the premises, ongoing operations, products or completed operations described in the Schedule of this endorsement; and
- b. For which the person or organization shown in the Schedule of this endorsement is designated as a Named Insured.

**SCHEDULE**

**Name and Address of Person Or Organization:**

CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS,  
EMPLOYEES, AGENTS AND VOLUNTEERS  
11222 ACACIA PARKWAY  
GARDEN GROVE, CA 92840

**Description of:**

**Premises:**  
LANDSCAPE/MAINTENANCE

Reviewed and approved as to insurance language and/or requirements.

*Heidi M. Jay*  
Risk Management  
11-20-14

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

22-123 (01/07)

INSURED COPY

**Ongoing Operations:**

**Products:**

**Completed Operations:**

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

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

22-123 (01/07)

INSURED COPY

Forming a part of

Policy Number: CBP 9572743	
Coverage Is Provided In GOLDEN EAGLE INSURANCE CORPORATION	
Named Insured: MASTER LANDSCAPE & MAINTENANCE INC	Agent: ELMCO INSURANCE  Agent Code: 4294058      Agent Phone: (714)-973-1436

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

**WAIVER OF TRANSFER OF RIGHTS OF RECOVERY  
AGAINST OTHERS TO US**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

The TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US Condition (Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS) is amended by the addition of the following:

We waive any right of recovery we may have against the person or organization shown in the Schedule below because of payments we make for injury or damage arising out of your ongoing operations or "your work" done under a contract with that person or organization and included in the "products-completed operations hazard." This waiver applies only to the person or organization shown in the Schedule below.

**SCHEDULE**

**Name of Person or Organization:**

CITY OF GARDEN GROVE, ITS OFFICERS, OFFICIALS,  
EMPLOYEES, AGENTS AND VOLUNTEERS  
11222 ACACIA PARKWAY, GARDEN GROVE, CA 92840

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

Reviewed and approved as to insurance language  
and/or requirements.  
*Heidi M. Jay*  
Risk Management  
11-20-14

Forming a part of

Policy Number: CBP 9572743 ✓	
Coverage Is Provided In GOLDEN EAGLE INSURANCE CORPORATION	
Named Insured: MASTER LANDSCAPE & MAINTENANCE INC	Agent: ELMCO INSURANCE  Agent Code: 4294058      Agent Phone: (714)-973-1436

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

**AMENDMENT OF CANCELLATION PROVISIONS**

Any term or provision of the Cancellation Conditions of the policy or any endorsement amending or replacing such Conditions is amended by the following:

- A. If we cancel this policy for any reason other than nonpayment of premium, we will notify the person or organization shown in the Schedule below. In no event will the notice to the person or organization scheduled below exceed the notice to the first named insured.
- B. Our obligation to send notice to the person or organization listed in the Schedule below will terminate at the earlier of the current policy period expiration or when you no longer have a legal or contractual obligation to such person or organization to maintain insurance coverage under a policy which requires that such person or organization be notified in the event of cancellation.

**SCHEDULE**

**1. Name or Person or Organization:**

CITY OF GARDEN GROVE, ITS OFFICIALS, EMPLOYEES,  
AGENTS AND VOLUNTEERS

**2. Mailing Address:**

11222 ACACIA PARKWAY  
GARDEN GROVE, CA 92840

**3. Number Days Advance Notice: 30**

All other terms and conditions of this policy remain unchanged.

Reviewed and approved as to insurance language  
and/or requirements.  
*Heidi M. Jay*  
Risk Management  
11-20-14

© 2010 Liberty Mutual Insurance. All rights reserved.  
Includes copyrighted material of Insurance Services Office, Inc. with its permission.

17-490 (10/10)

INSURED COPY

04/02/2014

9572743

NEUSXJSG1903

PGDM060D J06696

GC3FPPN 00000111 Page 73

Forming a part of

Policy Number: BA 9826977 ✓	
Coverage Is Provided In GOLDEN EAGLE INSURANCE CORPORATION	
Named Insured: MASTER LANDSCAPE & MAINTENANCE INC	Agent: ELMCO INSURANCE  Agent Code: 4294058      Agent Phone: (714)-973-1436

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 04/02/2014
-----------------------------------

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

### SCHEDULE

Name of Person(s) or Organization(s):
---------------------------------------

CITY OF GARDEN GROVE, ITS OFFICERS, EMPLOYEES, AGENTS  
AND VOLUNTEERS  
11222 ACACIA PARKWAY, GARDEN GROVE, CA 92840

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

Reviewed and approved as to insurance language  
and/or requirements.  
*Heidi Jay*  
Risk Management  
11-20-14