

Fire Flow Permitting Guide

How to apply for a fire flow permit

Send an [encroachment permit application](#) and site plan to encroachmentpermits@Oxnard.org. The application, site plan requirements, sample documents, and test instructions are included with this guide. Applications may also be submitted in person at 214 S C St. during open counter hours. Please call (805) 385-7925 for current counter hours.

Insurance Requirements

The City of Oxnard requires specific language and coverage amounts for work in the public right of way. Insurance requirements and sample documents are included with this guide. If your insurance has not been vetted in the last year, please submit your certificate of insurance to insurance@oxnard.org. The permittee and any contractors or subs must have their insurance reviewed and approved prior to permit issuance.

Licensing Requirements

If you do not have a business license or it is expired, please contact business licensing at ctlicensing@oxnard.org / (805) 385-7817 regarding current business licensing requirements. The permittee, contractor, and any subs will need a valid City of Oxnard business license at the time of permit issuance.

Payments

Payments can be made in person or electronically.

In person - Payments can be made at 214 S C St during open counter hours. Check in at the customer service counter and you will be routed accordingly. Please call (805) 385-7925 for current counter hours.

Electronic payments - Once a permit technician has notified you that your invoice is ready, please use this link to make your payment:

<https://oxna-egov.aspgov.com/Click2GovBP/index.html>

1. On the resulting page select the "Select Permit" from the left hand side.
2. Type in the application number. This number will be provided to you by the permit technician after your permit request is received.
3. Select "Application Fees" from the left hand side of the resulting page.
4. Click on "Pay All Fees"
5. Enter your email address on the resulting page and click "Submit"
 - . Enter your payment details on the resulting page.
 - . Once your payment is complete, send a copy of your receipt to encroachmentpermits@oxnard.org. A permit technician will

Once proof of payment is received, an encroachment permit technician will send you the permit.

Permit Issuance

Permit issuance can be completed in person or electronically.

In person - Permits can be pulled in person at 214 S C St. Check in at the customer service counter and you will be routed accordingly. In person permit issuance is available during open counter hours. Please call (805) 385-7925 for current counter hours.

Electronic permit issuance - Once any outstanding balances have been paid, the permit, approved documents, and a receipt will be sent via Adobe Sign. **The applicant is responsible for signing and downloading their permit, approved documents, and receipts. A hard copy will not be provided.**

A letter of authorization may be required at the time of permit issuance. This typically occurs when a consultant is pulling a permit for a contractor. The letter should be on company letterhead and must come from the permittee. It should list the person or persons authorized to sign for the permit. If you have any questions about this requirement please send them to staff at encroachmentpermits@Oxnard.org.

Notes about site plans:

1. Label right of way.
2. Add note that all work will be performed in accordance with applicable City of Oxnard standards.
3. Physical sets of plans must be line drawings.
4. Aerial photographs are only acceptable for electronic submittals.
5. Identify hydrants to be used during testing. Label hydrants as "flow" or "gauge".

City of Oxnard - Encroachment permit application Date: _____

Contractor : _____ Contractor phone number: _____
Contractor address: _____
Contractor email address: _____
City of Oxnard Business Lic. No. _____ CSLB Lic. No. and Classification: _____

Sub-contractor: _____ Sub-contractor phone number: _____
Sub-contractor address: _____
Sub-contractor email address: _____
City of Oxnard Business Lic. No. _____ CSLB Lic. No. and Classification: _____

Please provide the business name, physical address, email address, and phone number of all contractors that will be performing work related to this permit request. Continue on a separate page, if necessary. All permittees, contractors, and sub-contractors must have a valid, City of Oxnard business license and insurance that has been approved by City of Oxnard Staff. Insurance review is required every time insurance is renewed.

Contact name: _____ Contact Phone: _____
Contact email: _____
Location: _____
Scope: _____

Provide a separate site plan, application, and traffic control plan for each phase of work.
Our office may separate any requests received into multiple permits as necessary.

Number of days of traffic control required: _____

Night work required? Yes No

Number of potholes: _____ Dimensions: _____ ft. x _____ ft.
Number of borepits: _____ Dimensions: _____ ft. x _____ ft.
Linear feet of boring: _____ lf.

Trenching or other excavation: _____ total sq. ft.

exclude borepits, potholes, and boring length totals from trenching total or other excavation total

The undersigned hereby proposes to do the work as herein designated and as indicated on the attached work order drawing _____ and hereby authorizes the City of Oxnard to enter this information in the underground utilities atlas upon completion of work.

In consideration of the grant of this permit, permittee agrees to save harmless the City of Oxnard, its officers and employees from any loss, cost or expense attendant to or arising out of the performance of the work under this encroachment permit. PERMITTEE AGREES TO NOTIFY THE CITY AT LEAST 24 HOURS IN ADVANCE OF CONSTRUCTION AT THE PHONE NUMBER LISTED ON THEIR PERMIT CARD.

By signing you agree that the above information and any additional information provided with this request is accurate. Signing also indicates a commitment to adhere to the City of Oxnard's policies and procedures during the performance of any work that is permitted.

Print applicant name and title

Signature

This application may be used to request fire flow permits and haul route permits

Fire Flow Test Instructions

- 1) C16 or Civil Company to obtain a fire flow test permit with two flowing hydrants.
- 2) Flowing two hydrants is required by the City of Oxnard based on Fire Code: Flow enough hydrants to drop 25% in pressure or flow multiple hydrants to get greater flow closest to the required fire flow.
- 3) The permit shall have a map identifying the two (2) flowing hydrants and one (1) static/residual hydrant. The static/residual hydrant is usually in the middle.
- 4) Flow shall be out of 2.5-in nozzles unless approved otherwise by the Fire Department.
- 5) City Inspector will notify Fire Department and Water Division Staff when and where a fire flow will occur 48 hours in advance.
- 6) City Inspector will proctor the test with Water Division and Fire Department Staff.
- 7) Inspector is to note down Hydrants, Static, Pitot, and Residual Pressures on the permit card.
- 8) Fire Flow test results with a map shall be submitted to the City Inspector. City Inspector then shares the results via email with the City Engineer & Fire Department (Tai & Edward).
- 9) The City Engineer/Fire Department will approve the results via email, and the City Inspector can direct the contractor to upload the results to:
<https://docs.google.com/forms/d/e/1FAIpQLSfOz8oVyWFQTjn8GoTtY22T79i-3fy300uclr64S7CdNRFhnA/viewform>
- 10) City Inspector to facilitate the permit card with pressure readings and update the info into THE.
- 11) City Engineer/Fire Department Staff to upload the final results to GIS.

Attachments:

1. Fire Flow Memo
2. Sample Fire Flow Card

PERMIT NO. _____

CITY OF OXNARD FIREFLOW TEST DATA

BUILDING AND ENGINEERING DIVISION

RETURN COMPLETED FORM TO: BUILDING AND ENGINEERING DIVISION

214 S. C STREET

NOTE: THIS FORM MUST BE SIGNED BY THE REGISTERED PROFESSIONAL
(I.E., RCE OR C-16 CONTRACTOR) HAVING RESPONSIBILITY FOR THE TEST

OXNARD, CA 93030

LOCATIONS OF HYDRANTS: _____

PROJECT: _____

ADDRESS: _____

DEVELOPER: _____

INSPECTOR: _____

OBSERVERS: _____

FIRM: _____

ENGINEER/CONTRACTOR: _____

C16 or PE NAME

LIC NO./TYPE: _____

C16 or PE

FAX: _____

PHONE: _____

TEST NO.	LOCATION	TIME			C	DIA. (IN)	PRESSURES (psi)			FLOW RATES (gpm)	
		DATE	TIME	DAY			STATIC	PITOT	RESIDUAL	OBSERVED	ACTUAL AT 20 psi
	Static/Residual Hydrant (Usually in the middle)						#		#		
	Flow Hydrant #1				0.9		#	#	#	Flow 1	Q20 flow 1
	Flow Hydrant #2				0.9		#	#	#	Flow 2	Q20 flow 2
										Total Q20 Flow =	

The formula used to compute the discharge, Q in gpm from these measurements is:

$$Q=29.83cd^2(p)^{1/2}$$

where

c = is the coefficient of discharge

d = the diameter of the outlet in inches

p = the velocity pressure in psi.

If flow tubes (stream straighteners) are being utilized a "c" of 0.95 is suggested unless the coefficient of the tube is known.



Outlet square and projecting into barrel

c = 0.70



Outlet square and sharp

c = 0.80



Outlet smooth and rounded

c = 0.90

The formula which is generally used to compute the discharge at the specified residual pressure or for any desired pressure drop is:

$$Q_r = Q_f \times \frac{H_r^{0.54}}{H_f^{0.54}}$$

Q_r = flow available at desired residual pressure

Q_f = flow during test

H_r = pressure drop to desired residual pressure

H_f = pressure drop during test

Stamp
(C16 or PE)

TESTING & CALCULATION CHECKED AND CERTIFIED

DATE

SEAL

WATER ATLAS GRID NO.

City of Oxnard GIS

City of Oxnard GIS

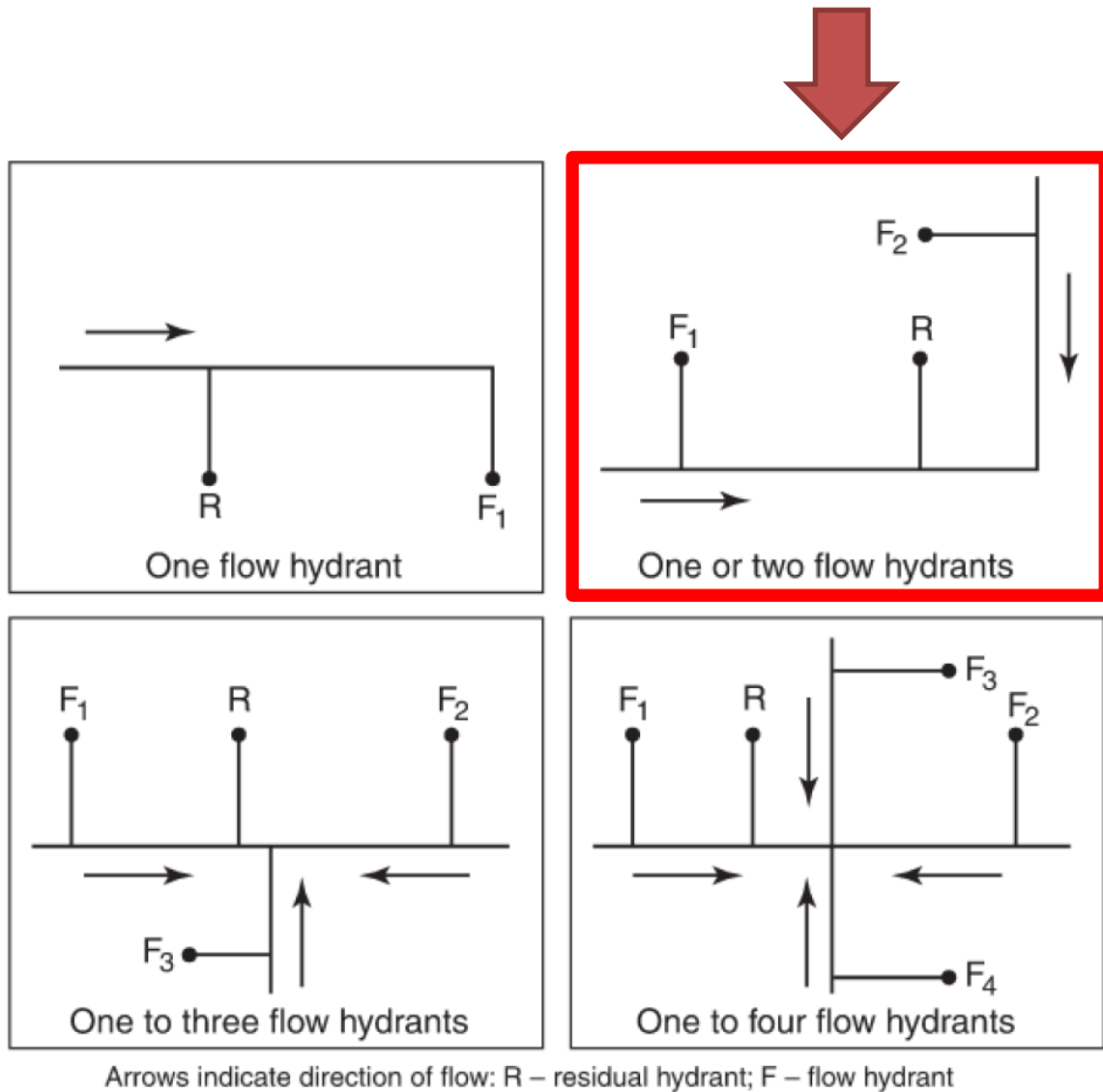


FIGURE 4.3.4 Suggested Test Layout for Hydrants.

INSURANCE REQUIREMENTS FOR PERMITS
(WITH AUTOMOBILE LIABILITY AND WORKERS' COMPENSATION REQUIREMENT)

CHECKLIST

- ___ Commercial General Liability Insurance
- ___ Additional Insured endorsement for General Liability
- ___ Business Automobile Liability Insurance
- ___ Additional Insured endorsement for Auto Liability
- ___ Workers' Compensation Insurance
- ___ Waiver of all rights of subrogation for Workers' Comp
- ___ Primary and not contributing endorsement for all coverages

*** Above mentioned is only a brief outline of the insurance requirements,
please see page 2 for full details.

CITY OF OXNARD
RISK MANAGEMENT
300 WEST THIRD STREET
OXNARD, CA 93030
PH: (805) 385-7590
EM: insurance@oxnard.org

**INSURANCE REQUIREMENTS FOR PERMITS
(WITH AUTOMOBILE LIABILITY AND WORKERS' COMPENSATION REQUIREMENT)**

1. Permittee shall obtain and maintain during the performance of any activities under this Permit the following insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of activities by Permittee, its agents, representatives, or employees.

a. **Commercial General Liability Insurance**, including Contractual Liability, in an amount not less than **\$1,000,000** combined single limit for bodily injury and property damage for each claimant for general liability with coverage equivalent to Insurance Services Office Commercial General Liability Coverage (**Occurrence** Form CG 0001). If a general aggregate limit is used, that limit shall apply separately to the project or shall be twice the occurrence amount;

b. **Business Automobile Liability Insurance** in an amount not less than **\$1,000,000** combined single limit for bodily injury and property damage for each claimant for automobile liability with coverage equivalent to Insurance Services Office Automobile Liability Coverage (Occurrence Form CA0001) covering Code No. 1, **"any auto;"**

c. **Workers' Compensation Insurance** in compliance with the laws of the State of California, and Employer's Liability Insurance in an amount not less than **\$1,000,000** per claimant. Additionally, the workers' compensation **policy shall include a waiver of all rights of subrogation** which the insurer may have against the City.

2. Permittee shall, prior to performance of any services, file with the Risk Manager certificates of insurance with original endorsements effecting coverage required by this Exhibit INS-P. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates and endorsements are to be on the attached forms or on other forms approved by the Risk Manager. All certificates and endorsements are to be received and approved by the Risk Manager before work commences. City reserves the right to require complete certified copies of all required insurance policies at any time.

The certificates of insurance and endorsements shall be sent via email to insurance@oxnard.org

CERTIFICATE HOLDER: **City of Oxnard
Risk Manager
300 West Third Street
Oxnard, CA 93030**

***A **waiver** may be provided to permittees who have no employees or do not and will not use any vehicles in, its business with the City of Oxnard.

3. Permittee agrees that **all insurance coverages shall be provided by a California admitted insurance carrier with an A.M. Best rating of A:VII or better** and shall be endorsed to state that coverage may not be suspended, voided, canceled by either party, or reduced in coverage or limits without 30 days' prior written notice to the Risk Manager. The Risk Manager shall not approve or accept any endorsement if the endorsement contains "best effort" modifiers or if the insurer is relieved from the responsibility to give such notice.

4. Permittee agrees that the **Commercial General Liability and Business Automobile Liability Insurance policies shall be endorsed to name City of Oxnard, its City Council, officers, employees and volunteers as additional insureds as respects: liability arising out of activities performed by or on behalf of permittee; products and completed operations of permittee; premises owned, occupied or used by permittee; or automobiles owned, leased, hired or borrowed by permittee.** The coverage shall contain no special limitations on the scope of protection afforded to City, its City Council, officers, employees and volunteers. **The General Liability Special Endorsement Form and Automobile Liability Special Endorsement Form attached to this Exhibit INS-P or substitute forms containing the same information and acceptable to the Risk Manager shall be used to provide the endorsements (ISO form CG 2010 11/85 or if not available, CG 2010 with an edition date prior to 01/94 and CG 2037).**

5. The **coverages** provided to City **shall be primary and not contributing** to or in excess of any existing City insurance coverages **(this must be endorsed)**. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to City, its City Council, officers, employees and volunteers. The insurance shall apply separately to each insured against whom claim is made or suit is brought, except with respect to the limits of the insurer's liability.

6. Any deductibles or self-insured retentions must be declared to and approved by the Risk Manager. At the option of the Risk Manager, either the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects City, its City Council, officers, employees and volunteers, or the permittee shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

INSTRUCTION FOR SUBMITTING INSURANCE CERTIFICATES AND ENDORSEMENT FORMS

Certificates of Insurance

The sample accord form on the following page is provided to facilitate your preparation and submission of certificates of insurance. You may use this or any industry form that shows coverage as broad as that shown on the attached sample. **Please note the certificate holder address must be as shown on the attached sample accord form with the contract number and insurance exhibit identification information completed.** Improperly addressed certificates may delay the contract start-up date because the City's practice is to return unidentifiable insurance certificates to the insured for clarification as to the contract number. **Cancellation provisions must be endorsed to the policy. Modifying the certificate does not change coverage or obligate the carrier to provide notice of cancellation.**

Endorsement Forms

Original endorsements are required for commercial general liability and business automobile liability insurance policies and must be attached to the applicable certificate of insurance. City preference is that you use the endorsement forms which are attached. Substitute forms will be accepted, however, as long as they include provisions comparable to the attached.

INS-P.doc

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

PRODUCER

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

CODESUB-CODE

COMPANIES AFFORDING INSURANCE COVERAGE

INSURED

COMPANY

LETTER **ASPECIFY COMPANY NAMES IN THIS SPACE**

COMPANY

LETTER **B**

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY [x] COMMERCIAL GENERAL LIABILITY [] CLAIMS MADE [x] OCCUR. [x] OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$1,000,000 PRODUCTS COMP/OP AGG. \$1,000,000 PERSONAL & ADV. INJURY \$1,000,000 EACH OCCURRENCE \$1,000,000 FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
A	AUTOMOBILE LIABILITY [x] ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				COMBINED SINGLE LIMIT \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY LIMITS EACH ACCIDENT \$1,000,000 DISEASE-POLICY LIMIT \$1,000,000 DISEASE-EACH EMPLOYEE \$1,000,000
A	OTHER				

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

CERTIFICATE HOLDER:
CITY OF OXNARD
RISK MANAGER
300 WEST THIRD STREET
OXNARD, CA 93030

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENDEAVOR TO MAIL~~ 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF~~ ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

**GENERAL LIABILITY SPECIAL ENDORSEMENT
FOR THE CITY OF OXNARD (the aCity@)**

SUBMIT IN DUPLICATE

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: _____

NAMED INSURED

☐ Deductible ☐ Self-Insured Retention (check which) of \$ _____
with an Aggregate of \$ _____ applies to _____
coverage. ☐ Per Occurrence ☐ Per Claim _____ (which)

APPLICABILITY. This insurance pertains to the operations, products 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

GENERAL LIABILITY

- ☐ COMMERCIAL GENERAL LIABILITY
☐ COMPREHENSIVE GENERAL LIABILITY
☐ OWNERS & CONTRACTORS PROTECTIVE

- ☐ Claims Made
Retroactive Date _____
☐ Occurrence

OTHER PROVISIONS

COVERAGES

LIABILITY LIMITS IN THOUSANDS \$
EACH OCCURRENCE AGGREGATE

- ☐ GENERAL
☐ PRODUCTS/COMPLETED OPERATIONS
☐ PERSONAL & ADVERTISING INJURY
☐ FIRE DAMAGE
☐ _____
☐ _____

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

Name: _____
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, insurance company agrees as follows:

- INSURED.** The City, its officers, agents, employees and volunteers are included as insureds with regard to liability and defense of suits arising from the operations, products and activities performed by or on behalf of the named insured.
- CONTRIBUTION NOT REQUIRED.** As respects: (a) work performed by the named insured for or on behalf of the City; or (b) products sold by the named insured to the City; or (c) premises leased by the named insured from the City, the insurance afforded by this policy shall be primary insurance as respects the City, its officers, agents, employees or volunteers; or 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 City, its officers, agents, employees or volunteers shall be in excess of this insurance and shall not contribute with it.
- SEVERABILITY OF INTEREST.** This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the company=s limits of liability. The inclusion of any person or organization as an insured shall not affect any right which such person or organization would have as a claimant if not so included.
- CANCELLATION NOTICE.** With respect to the interests of the City, this insurance shall not be canceled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City.
- PROVISIONS REGARDING THE INSURED=S DUTIES.** Any failure to comply with reporting provisions of the policy or breaches or violations of warranties shall not affect coverage provided to the City, its officers, agents, employees or volunteers.
- SCOPE OF COVERAGE.** This policy, if primary, affords coverage at least as broad as:
 - Insurance Services Office Commercial General Liability Coverage, "occurrence" form CG 0001; or
 - If excess, affords coverage which is at least as broad as the primary insurance form CG 0001.

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

CERTIFICATE HOLDER:

**CITY OF OXNARD
RISK MANAGER
300 WEST THIRD STREET
OXNARD, CA 93030**

AUTHORIZED REPRESENTATIVE

☐ Broker/Agent ☐ Underwriter ☐ _____

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 _____

SUBMIT IN DUPLICATE

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: _____

NAMED INSURED

☐ Deductible ☐ Self-Insured Retention (check which) of \$ _____
with an Aggregate of \$ _____ applies to _____
coverage. ☐ Per Occurrence ☐ Per Claim (which)

APPLICABILITY. This insurance pertains to the operations, products 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

❑ COMMERCIAL AUTO POLICY

☐ BUSINESS AUTO POLICY☐ OTHER

OTHER PROVISIONS

LIMIT OF LIABILITY

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

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

Name: _____

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, insurance company agrees as follows:

1. **INSURED.** The City, its officers, agents, volunteers and employees are included as insureds with regard to liability and defense of suits arising from the operations, products and activities performed by or on behalf of the named insured.
2. **CONTRIBUTION NOT REQUIRED.** As respects: (a) work performed by the named insured for or on behalf of the City; or (b) products sold by the named insured to the City; or (c) premises leased by the named insured from the City, the insurance afforded by this policy shall be primary insurance as respects the City, its officers, agents, employees or volunteers; or 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 City, its officers, agents, employees or volunteers shall be in excess of this insurance and shall not contribute with it.
3. **SEVERABILITY OF INTEREST.** This insurance applies separately to each insured against whom claim is made or suit is brought except with respect to the company=s limits of liability. The inclusion of any person or organization as an insured shall not affect any right which such person or organization would have as a claimant if not so included.
4. **CANCELLATION NOTICE.** With respect to the interests of the City, this insurance shall not be canceled, or materially reduced in coverage or limits except after thirty (30) days prior written notice by receipted delivery has been given to the City.
5. **PROVISIONS REGARDING THE INSURED'S DUTIES.** Any failure to comply with reporting provisions of the policy or breaches or violations of warranties shall not affect coverage provided to the City, its officers, agents, employees or volunteers.
6. **SCOPE OF COVERAGE.** This policy, if primary, affords coverage at least as broad as:
 - a. Insurance Services Office Automobile Liability Coverage, "occurrence" form CA0001, code ("any auto"); or
 - b. If excess, affords coverage which is at least as broad as the primary insurance form 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

**CERTIFICATE HOLDER:
CITY OF OXNARD
RISK MANAGER
300 WEST THIRD STREET
OXNARD, CA 93030**

AUTHORIZED REPRESENTATIVE

☐ Broker/Agent ☐ Underwriter ☐ _____

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 _____