




## Film Insurance Guidelines

Filmmakers seeking permits to film on-location in any of the areas served by FilmL.A. must either have on file or provide proof of insurance meeting both our requirements and those of each jurisdiction involved. The insurance step is very important, since timely insurance submission is necessary to prevent permit coordination delays. Permits cannot be released until your insurance has been verified.

Please note that mandatory coverage varies widely by jurisdiction. We do not advise you to purchase insurance without reviewing this document and/or calling us at 213.977.8600 to discuss your plans with a FilmL.A. Insurance Specialist.

 [Sample certificates](#) for all jurisdictions are available on the Forms page of our website.

## Requirements by Jurisdiction

---

### City of Diamond Bar

- One ACORD 25 Certificate of Liability Insurance naming "The City of Diamond Bar and its Officers, Agents, and Employees" as "Additional Insureds".
- "Additional Insured" endorsement "The City of Diamond Bar and its Officers, Agents, and Employees" as "Additional Insureds".
- Certificate must include a thirty-day notice of cancellation provision (10 days for non-payment of the certificate premium). It must be obtained from an insurer admitted to do business in California or written through a California-licensed broker.
- Total minimum Commercial General Liability coverage limits (per occurrence) are as follows:
  - \$ 500,000 for still photography only
  - \$ 1,000,000 for motion capture (filming)
- Automobile Liability requirements:

Where the permit applicant, or any of its representatives, agents or employees will use vehicles in conjunction with the filming (i.e. picture vehicle, camera car, production vehicles et al), insurance coverage must meet the minimum limits of \$1,000,000 per accident.

- Proof of Workers Compensation coverage is required. Must include Employers' Liability coverage with limits of not less than \$1,000,000 per accident per CA state law.

- Submit certificates to FilmL.A. by email at [insurance@filmla.com](mailto:insurance@filmla.com). If you have any questions about our requirements, please contact our office at 213.977.8600 and ask to speak with an Insurance Specialist.

# FILM INSURANCE CERTIFICATE REQUIREMENTS FOR THE CITY OF DIAMOND BAR

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>			DATE (MM/DD/YYYY)	
PRODUCER INSURANCE AGENT NAME & ADDRESS		THIS CERTIFICATION 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.				
INSURED INSURED NAME & ADDRESS		INSURERS AFFORDING COVERAGE			NAIC #	
		INSURER A: INSURANCE COMPANY NAME(S)				
		INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E:				
<b>COVERAGES</b> 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR (INSR)	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
x	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY NUMBER	CURRENT PERIOD	POLICY	EACH OCCURRENCE	\$ 1,000,000
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COM/PROP AGG	\$
						\$
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	POLICY NUMBER	CURRENT PERIOD	POLICY	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY NUMBER	CURRENT PERIOD	POLICY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH ER	
					E.L. EACH ACCIDENT	\$ 1,000,000
					E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
					E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	OTHER					
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS 1) The City of Diamond Bar, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.						
<b>CERTIFICATE HOLDER</b> 2) The City of Diamond Bar, its Special Districts, Elected Officials, Officers, Agents, Employees, & Volunteers are added as additional insured. 6255 W. Sunset Blvd. 12th Floor Hollywood, CA 90028			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE			
ACORD 25 (2001/08)			© ACORD CORPORATION 1988			

## COVERAGES

- Commercial General Liability
- Auto Liability
- Proof of Workers Compensation

## MINIMUM LIMITS

### For Filming:

- \$1,000,000 per occurrence.

### For Still Photography:

- \$500,000 per occurrence.

## ADDITIONAL INSURED

- The City of Diamond Bar named as additional insured.
- Additional insured endorsement must be attached to certificate upon submission. (See page 2 for sample.)

## INSURANCE COMPANY

- Must be licensed to do business in California.

1) **Description of Operations:** The City of Diamond Bar, its Special Districts, Elected Officials, Officers, Agents, Employees, & Volunteers are added as additional insured.

2) **Certificate Holder:** The City of Diamond Bar, its Special Districts, Elected Officials, Officers, Agents, Employees, & Volunteers are added as additional insured.

Please submit Certificate of Liability with Endorsement Form to [insurance@filmla.com](mailto:insurance@filmla.com).

For any additional questions, please contact our office at (213) 977-8600.



# ADDITIONAL INSURED ENDORSEMENT FORM FOR THE CITY OF DIAMOND BAR

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

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

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

The City of Diamond Bar, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added 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.)

WHO IS AN INSURED (Section 1) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

### ADDITIONAL INSURED

The City of Diamond Bar, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.

Please submit your completed Additional Insured Endorsement Form with your Certificate of Liability.  
Email to: [insurance@filmla.com](mailto:insurance@filmla.com).