




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 La Habra Heights

- One ACORD 25 Certificate of Liability Insurance naming "City of La Habra Heights, its officers, servants, agents, employees, and volunteers" as "Additional Insureds".
- "Additional Insured" endorsement = "City of La Habra Heights, its officers, servants, agents, employees and volunteers"
- 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:
 - \$ 1,000,000 for motion capture (filming)
 - \$ 5,000,000 for aircraft or pyrotechnics use
- 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.

- Insurance policy must stipulate that insurance will operate as primary insurance, and that no other insurance maintained by the City will be called upon to cover any loss.
- City of La Habra Heights Hold Harmless Agreement signed by an authorized company representative.
- Submit certificates to FilmL.A. by email at 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 LA HABRA HEIGHTS

		CERTIFICATE OF LIABILITY INSURANCE			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:				
COVERAGES 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 ADTL LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<input checked="" type="checkbox"/>	GENERAL LIABILITY <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- <input type="checkbox"/> JECT <input type="checkbox"/> LOC	POLICY NUMBER	CURRENT	POLICY PERIOD	EACH OCCURRENCE \$ \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$
	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <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	POLICY PERIOD	COMBINED SINGLE LIMIT (Ea accident) \$ \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/>	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	<input type="checkbox"/>	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input checked="" type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/RELATIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY NUMBER	CURRENT	POLICY PERIOD	<input checked="" type="checkbox"/> WC STATU- TORY 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 La Habra Heights, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.						
CERTIFICATE HOLDER 2) City of La Habra Heights, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers. 6255 W. Sunset Blvd. 12th Floor Hollywood, CA 90028			CANCELLATION 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 La Habra Heights 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.

Please Note:

Additional requirements may apply to this jurisdiction.

See Insurance Guidelines for full details.

- 1) **Description of Operations:** The City of La Habra Heights, its Special Districts, Elected Officials, Officers, Agents, Employees, & volunteers are added as additional insured.
- 2) **Certificate Holder:** City of La Habra Heights, 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.

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



ADDITIONAL INSURED ENDORSEMENT FORM FOR THE CITY OF LA HABRA HEIGHTS

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

SCHEDULE

Name of Person or Organization:

The City of La Habra Heights 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 La Habra Heights, 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.