

# FILM INSURANCE SAMPLE CERTIFICATE & REQUIREMENTS FOR THE COUNTY OF LOS ANGELES



<b>CERTIFICATE OF LIABILITY INSURANCE</b>						DATE (MM/DD/YYYY)	
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.							
<b>IMPORTANT:</b> 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 the rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER		CONTACT NAME: _____					
INSURANCE AGENT NAME & ADDRESS		PHONE (A/C, No. Ext): _____		FAX (A/C, No): _____			
INSURED		E-MAIL ADDRESS: _____					
INSURED COMPANY NAME & ADDRESS		INSURER(S) AFFORDING COVERAGE		N AIC #			
		INSURER A:					
		INSURER B:					
		INSURER C:					
		INSURER D:					
		INSURER E:					
		INSURER F:					
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>			POLICY NUMBER			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGES TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS-COMPOP AGG \$
							COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<b>AUTOMOBILE LIABILITY</b>			POLICY NUMBER			
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>			POLICY NUMBER			
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			POLICY NUMBER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y / N				<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				OTHER
							E.L. EACH ACCIDENT \$1,000,000
							E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach AOC 101, Additional Remarks Schedule, if more space is required)							
The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers 6255 W. Sunset Blvd. 12th Floor Hollywood, CA 90028				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			

## COVERAGES

Commercial General Liability

Auto Liability

Proof of Workers Compensation

## MINIMUM LIMITS

For Filming and Still Photography

\$1,000,000 per occurrence

## ADDITIONAL INSURED

The County of Los Angeles named as additional insured.

\*Additional insured endorsement must be attached to the certificate upon submission (see following page).

## INSURANCE COMPANY

Licensed to do business in CA.

## DESCRIPTION OF OPERATIONS

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.

## CERTIFICATE HOLDER

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers  
6255 W. Sunset Blvd. 12th Floor  
Hollywood, CA 90028

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 and speak with our insurance department.

POLICY NUMBER:

**COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04**

**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 Additional Insured Person(s) Or Organizations(s)
The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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 your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

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 and speak with our insurance department.