




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 Monrovia

- One ACORD 25 Certificate of Liability Insurance naming "City of Monrovia, and its officers, agents and employees" as "Additional Insureds".
- "Additional Insured" endorsement = "City of Monrovia its Officers, Agents, and Employees."
- 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 still photography only
 - \$ 1,000,000 for motion capture (filming)
 - \$ 5,000,000 for aircraft 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 \$2,000,000 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. 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 MONROVIA



ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)		
<p>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.</p> <p>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).</p>						
PRODUCER INSURANCE AGENT NAME & ADDRESS		CONTACT NAME PHONE (A/C No. Ext.) FAX (A/C No.) E-MAIL ADDRESS		INSURER(S) AFFORDING COVERAGE NAIC #		
INSURED INSURED NAME & ADDRESS		INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		INSURANCE COMPANY NAME(S)		
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:		
<p>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 ENDORSEMENTS AND CLAIMS.</p>						
INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WOOD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (POLICY PERIOD)	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"/> PROJECT <input type="checkbox"/> LOC			POLICY NUMBER	CURRENT POLICY PERIOD	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			POLICY NUMBER	CURRENT POLICY PERIOD	COMBINED SINGLE LIMIT (Per accident) 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input type="checkbox"/>	UMBRELLA LIAB EXCESS LIAB DFD RETENTION \$			POLICY NUMBER	CURRENT POLICY PERIOD	EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS			POLICY NUMBER	CURRENT POLICY PERIOD	WC STATUTORY LIMITS OTHER 1,000,000 E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
30 Day notice of cancellation of policy.						
The City of Monrovia, its Officers, Agents, and Employees are added as additional insured.						
CERTIFICATE HOLDER			CANCELLATION			
The City of Monrovia 415 S Ivy Avenue Monrovia, CA 91016			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			
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ACORD 25 (2010/05)		The ACORD name and logo are registered marks of ACORD				

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 Monrovia named as additional insured.
- Additional insured endorsement must be attached to certificate upon submission (see following page).

"Blanket" additional insured not accepted in place of endorsement.

INSURANCE COMPANY

- Must be licensed to do business in California.

Description of Operations:

The City of Monrovia, its Officers, Agents, and Employees are added as additional insured.
***Must include thirty-day notice of cancellation provision.**

Certificate Holder:

The City of Monrovia, 415 S Ivy Ave. Monrovia, CA 91016

Please submit Certificate of Liability to: insurance@filmla.com. For any additional questions, please contact our office at (213) 977-8600.

ADDITIONAL INSURED ENDORSEMENT FORM FOR THE CITY OF MONROVIA



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 Organization(s)
The City of Monrovia, its Officers, Agents and Employees are added as additional insured.
Information required to complete this Schedule, as shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person 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 those 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.

ADDITIONAL INSURED

The City of Monrovia, its Officers, Agents, and Employees are added as additional insured.

Please submit your Additional Insured Endorsement Form with your Certificate of Liability to: insurance@filmla.com.