

**GUIDANCE FOR SUBMITTING EVIDENCE OF INSURANCE
TO THE CITY OF LOS ANGELES, LOS ANGELES WORLD AIRPORTS**

(FOR INFORMATION ONLY – DO NOT RETURN THIS PAGE TO THE CITY)

INSURED

1. To expedite completion of the insurance requirements, please give your insurance agent a broker a copy of the Insurance Requirements Sheet along with these instructions.
2. If your agreement requires Workers' Compensation coverage and you have been authorized by the State of California to self-insure Workers' Compensation, then a copy of the certificate from the State consenting to self-insurance will meet the evidence requirements. *All other self-insurance has special requirements. Consult your City contact for details.*
3. All questions relating to insurance should be directed to the person or office responsible for your contract, lease, permit or other agreement.

INSURANCE AGENT OR BROKER

1. **Acceptable Evidence.** The appropriate Certificate of Insurance with endorsements is the preferred form of evidence. No modifications to the forms are permitted. Alternatively, true and certified copies of the full policy containing additional insured and 30-day cancellation notice language will be accepted subject to review by the Risk Manager. Verifications, Memoranda of Insurance and other non-binding documents submitted alone are not acceptable evidence of insurance.
2. **Multiple Policies.** More than one insurance policy may be required to comply with the insurance requirements. Please submit forms appropriate to your insured's agreement, contract, lease or permit. ACORD forms with appropriate endorsements may be used.
3. **Signature.** Please have an authorized representative of the insurance company **manually** sign all certificates. Signatures must be originals as the Risk Manager will not accept facsimile (rubber stamp, or photocopy, etc.) or initialed signatures.
4. **Underwriter.** The name and address of the insurance company underwriting the coverage must be noted on the endorsement form. In the case of syndicates or subscription policies, indicate lead underwriters or managing agent and attach a schedule of subscribers, including their percentage of participation.
5. **Document Reference.** Include reference of either the specific City agreement (bid, contract, lease, etc.) or indicate that all such agreements are covered.
6. **Coverage & Limits.** The coverages and limits for each type of insurance are specified on the insurance requirements sheet. When coverage is on a scheduled basis, a separate sheet may be attached to the certificate listing such scheduled locations, vehicles, etc., so covered.
7. **Excess Insurance.** Endorsements to excess policies will be required when primary insurance is insufficient to comply with the requirements.
8. **Additional Pages.** If there is insufficient space on the reverse side of the form to note pertinent information, such as inclusions, exclusions or specific provisions, etc., attach separate sheets and note this on the endorsement form.
9. **Person to contact.** Completed Certificates/Endorsements, correspondence and questions relating to the required insurance should be directed as follows:

RISK MANAGEMENT, INSURANCE COMPLIANCE
Los Angeles World Airports, 7301 World Way West, 2nd Floor, Los Angeles, CA 90045
10. **Technical Assistance.** Improperly completed Certificates/Endorsements will need to be resubmitted with corrections. For assistance, contact the Risk Management Office at (424) 646-5480, FAX (310) 215-5300.
11. **Delay in submitting properly completed Certificates/Endorsements may delay your insured's intended occupancy or operation.**

EFFECTIVE JULY 1, 2009

Los Angeles World Airport Special Endorsement forms will **no longer** be accepted. The **only** evidence of insurance accepted will be either a Certificate of Insurance and/or a True and Certified copy of policy. The following items must accompany the form of evidence provided:

1. A copy of the Waiver of Subrogation Endorsement **specifically** naming Los Angeles World Airports on the Schedule is required for Workers Compensation. **A BLANKET ENDORSEMENT AND/OR LANGUAGE ON A CERTIFICATE OF INSURANCE IS NOT ACCEPTABLE.**
2. A copy of the Additional Insured Endorsement (CG 20 10 11 85 or similar) **specifically** naming Los Angeles World Airports on the Schedule is required for General Liability. **A BLANKET ENDORSEMENT AND/OR LANGUAGE ON A CERTIFICATE OF INSURANCE IS NOT ACCEPTABLE.**
3. A typed legible name of the Authorized Representative must accompany any signature on the Certificate of Insurance and/or the True and Certified copy of the policy.
4. A copy of the Schedule of Underlying Coverage/Insurance is required for the Excess

INSURANCE REQUIREMENTS FOR LOS ANGELES WORLD AIRPORTS

NAME: *****
 AGREEMENT / ACTIVITY: **LAWA FILM PERMIT**
 TERM: *****

The insured must maintain insurance coverage at limits normally required of its type operation; however, the following coverage noted with an "X" is the minimum required and must be at least the level of the limits indicated. All limits are per occurrence unless otherwise specified.

	<u>LIMITS</u>
(X) Workers' Compensation (Statutory)/Employer's Liability (X) Voluntary Compensation Endorsement (X) Waiver of Subrogation, specifically naming LAWA (Please see attached supplement)	<u>Statutory</u>
(X) Automobile Liability - covering owned, non-owned & hired auto	<u>\$****</u>
(X) Commercial General Liability, including the following coverage: (X) Premises and Operations (X) Contractual (Blanket/Schedule) (X) Independent Contractors (X) Personal Injury (X) Stunt and Pyrotechnic, if applicable (X) Additional Insured Endorsement, specifically naming LAWA (Please see attached supplement). Coverage for Hazardous Substances * Must meet contractual requirements	<u>\$****</u>
(X) Aircraft Liability – if applicable, provided by aircraft owner Fixed wing aircraft – LAX & ONT Fixed wing aircraft – VNY Fixed wing aircraft – PMD Rotorcraft – all facilities	<u>\$10,000,000 CSL</u> <u>\$2,000,000 CSL</u> <u>\$5,000,000 CSL</u> <u>\$10,000,000 CSL</u>

******MINIMUM REQUIRED LIMITS:**

Filming takes place in terminal/building w/no airfield access	<u>\$1,000,000 CSL</u>
Filming takes place on VNYS Airfield or vicinity	<u>\$2,000,000 CSL</u>
Filming takes place on PMD Airfield or vicinity	<u>\$5,000,000 CSL</u>
Filming takes place on LAX or ONT Airfield or vicinity	<u>\$10,000,000CSL</u>

CONTRACTOR SHALL BE HELD RESPONSIBLE FOR OWN OR HIRED EQUIPMENT AND SHALL HOLD AIRPORT HARMLESS FROM LOSS, DAMAGE OR DESTRUCTION TO SUCH EQUIPMENT.

INSURANCE COMPANIES WHICH DO NOT HAVE AN AMBEST RATING OF A- OR BETTER, AND HAVE A MINIMUM FINANCIAL SIZE OF AT LEAST 4, MUST BE REVIEWED FOR ACCEPTABILITY BY EXECUTIVE DIRECTOR.

PLEASE RETURN THIS FORM WITH EVIDENCE OF INSURANCE



XYZ STUDIOS

“production title”
XYZ STUDIOS
123 Main Street
Anytown, USA

Risk Management
7301 WORLD WAY WEST,
2ND FLOOR
LOS ANGELES, CA 90045

Hello,

This is our letter of intent for our production activities on Friday, April 26th, 2013. Hours of production activity will be from 6:00 a.m. until 10:00 p.m. We are interested in filming on the FBO leasehold on the inside and outside of the southern FBO hangar #2, as well as outside FBO's offices and ramp space. All production company personnel and equipment will remain within the leasehold boundary at all times. Any lighting equipment will be positioned as to not adversely impact aircraft operations. Any direction given by the on-site Airport Operations representative to shut off, lower, or otherwise reposition the lights will be complied with immediately.

Any elevated equipment (booms, cranes, lifts, etc.) will not be positioned higher than the nearest structure or allowed to penetrate any of the FAA Imaginary Surfaces. Any direction given by the on-site Airport Operations representative to lower or otherwise reposition the equipment will be complied with immediately.

Requested Filming Activities/Scenes

EXT. TARMAC (Challenger Aircraft, N#456AB)

Filming actors boarding/exiting jet. Actor falls off entry/exit stairs as jet pulls away (Jet being towed). The jet will “move” out of the picture, pulled by one of the repositioning vehicles and an airport-approved operator. The jet will never be powered up with its own engines. We will use the external generator to provide interior lighting to the jet. **AGAIN, WE WILL NEVER POWER THE PLANE WITH ITS OWN ENGINE.** Actors will exit the jet.

INT. JET (Challenger Aircraft, N#456AB)

Filming of a dialogue scene with actors inside of jet.

INT./EXT. LIMO

Filming a dialogue scene inside and outside of a limousine at the southern “Jet Tech” office space. The limo will “move” in and out of camera frame. The limousine may also be filmed inside and outside of FBO Hangar #2.

ADDITIONAL INFORMATION

Cast + Crew: 100

Vehicle count for on airport property: Stakebeds: 8, Vans: 8, Trucks: 2 Generators: We would like to put our craft service truck and camera truck as close as possible to our filming area. We will bring in a 4-unit portable bathroom that will be placed next to Hangar #2. Production would like to have 4 propane dolly heaters to keep our crew warm. We would like to have the ability to have our production (stakebed) trucks access the filming area in front of the southern FBO hangar.

We will have 2 condors for our filming activities. One will be inside the southern FBO hangar and the second will be between the northern and southern FBO hangars.

Thank you,

Location Manager
XYZ STUDIOS
123 Main Street
Anytown, USA

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 LOS ANGELES, LOS ANGELES WORLD AIRPORTS, ITS BOARD,
AND ALL OF ITS OFFICERS, EMPLOYEES, AND AGENTS
7301 World Way West
Los Angeles, CA 90045

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.

SAMPLE ONLY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/20/2018

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.

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).

PRODUCER SAMPLE PAYROLL COMPANY, LLC 123 S. APPLE STREET, 35TH FLOOR ANYWHERE USA, 12345	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: MS. BROKER</td> </tr> <tr> <td>PHONE (A/C. No, Ext): 818-555-1212</td> <td>FAX (A/C. No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: SAMPLE CARRIER COMPANY</td> <td>NAIC #: 19380</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: MS. BROKER		PHONE (A/C. No, Ext): 818-555-1212	FAX (A/C. No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A: SAMPLE CARRIER COMPANY	NAIC #: 19380	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:																					
INSURER F:																					
INSURED SAMPLE PRODUCTION COMPANY 1234 CITY OF DREAMS WAY ANYWHERE, USA 12345																					

COVERAGES **CERTIFICATE NUMBER:** 118100 **REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below		X	WW C 123-456-789	01/01/18	01/01/19	X WC STATUTORY LIMITS 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE IS EVIDENCE OF WORKERS' COMPENSATION WITH RESPECT TO EMPLOYEES PAID BY THE NAMED INSURED IN CONJUNCTION WITH EFT MEDIA PRODUCTIONS LLC. WHILE WORKING ON THE PRODUCTION "FAKE TV SHOW. PLEASE SEE ATTACHED WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER SHOWN BELOW.

CERTIFICATE HOLDER THE CITY OF LOS ANGELES, LOS ANGELES WORLD AIRPORTS, ITS BOARD, AND ALL OF ITS OFFICERS, EMPLOYEES, AND AGENTS 7301 WORLD WAY WEST LOS ANGELES, CA 90045	CANCELLATION 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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SAMPLE ONLY

BLANKET WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM, 01/01/2018

forms a part of Policy No. **WC 123-456-789**

Issued to **PAYROLL COMPANY INC. DBA**

By **SAMPLE BROKER**

Premium **INCLUDED**

We have a right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against any person or organization with whom you have a written contract that requires you to obtain this agreement from us, as regards any work you perform for such person or organization.

The additional premium for this endorsement shall be 0% of the total estimated workers compensation premium for this policy.

Schedule

<u>Person or Organization</u>	<u>Job Description</u>
LOS ANGELES WORLD AIRPORTS	ANY JOB WHERE REQUIRED BY CONTRACT

WC 04 03 61
(Ed. 11/90)

Countersigned by _____ *Mr Broker* _____
Authorized Representative