



## 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.

*PLEASE BE AWARE PERMITS CANNOT BE RELEASED TO YOU UNTIL YOUR INSURANCE HAS BEEN VERIFIED AND APPROVED.*

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.

## Jurisdiction Requirements

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### CITY OF LANCASTER

- One ACORD 25 Certificate of Liability Insurance naming: “The City of Lancaster as well as its Officers, Agents, Servants and Employees including the Lancaster Successor Agency, Lancaster Financing Authority, Lancaster Housing Authority, the Lancaster Boulevard Corporation, Lancaster Community Services Foundation and the Lancaster Museum and Public Art Foundation. This insurance is primary & no other insurance maintained by the City of Lancaster will be called upon to cover any loss.”
- "Additional Insured" endorsement = "“The City of Lancaster as well as its Officers, Agents, Servants and Employees including the Lancaster Successor Agency, Lancaster Financing Authority, Lancaster Housing Authority, the Lancaster Boulevard Corporation, Lancaster Community Services Foundation and the Lancaster Museum and Public Art Foundation. This insurance is primary & no other insurance maintained by the City of Lancaster will be called upon to cover any loss.”
- 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.
- Commercial General Liability coverage: broad form property damage, personal injury, automobile, employers’ and comprehensive liability insurance, with per-occurrence limits of:
  - \$ 1,000,000 for motion capture (filming)
  - \$ 2,000,000 General Aggregate limit
  - \$ 5,000,000 for aircraft or pyrotechnics use
- Total minimum 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.

(Continue on next page)



- Insurance policy must stipulate that such 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 Lancaster Hold Harmless Agreement signed by an authorized company representative.
- When using private property, a private property authorization form must be completed and signed by the property owner and an authorized company representative.

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



<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):		
			E-MAIL ADDRESS:				
INSURED  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
	<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		<b>X</b>	<b>POLICY NUMBER</b>			EACH OCCURRENCE \$ 1,000,000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 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			<b>POLICY NUMBER</b>			COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB  <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE  DED RETENTION \$			<b>POLICY NUMBER</b>			EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			<b>POLICY NUMBER</b>			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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 ACORD 101, Additional Remarks Schedule, if more space is required)							
"The City of Lancaster as well as its Officers, Agents, Servants and Employees including the Lancaster Successor Agency, Lancaster Financing Authority, Lancaster Housing Authority, the Lancaster Boulevard Corporation, Lancaster Community Services Foundation and the Lancaster Museum and Public Art Foundation. This insurance is primary & no other insurance maintained by the City of Lancaster will be called upon to cover any loss."							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
City of Lancaster 44933 Fern Ave. Lancaster, CA 93534				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:**

\$1,000,000 combined single limit liability on a per occurrence basis.

\$2,000,000 general aggregate.

**For Still Photography:**

\$500,000 per occurrence.

**ADDITIONAL INSURED**

The City of Lancaster named as additional insured.

**Additional insured endorsements must be attached to certificate upon submission (see endorsement samples).**

**INSURANCE COMPANY**

Licensed to do business in CA.

\*Please note: Additional requirements may apply to this jurisdiction.

**DESCRIPTION OF OPERATIONS**

"The City of Lancaster as well as its Officers, Agents, Servants and Employees including the Lancaster Successor Agency, Lancaster Financing Authority, Lancaster Housing Authority, the Lancaster Boulevard Corporation, Lancaster Community Services Foundation and the Lancaster Museum and Public Art Foundation. This insurance is primary & no other insurance maintained by the City of Lancaster will be called upon to cover any loss."

**CERTIFICATE HOLDER**

City of Lancaster  
44933 Fern Ave.  
Lancaster, CA 93534

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 City of Lancaster as well as its Officers, Agents, Servants and Employees including the Lancaster Successor Agency, Lancaster Financing Authority, Lancaster Housing Authority, the Lancaster Boulevard Corporation, Lancaster Community Services Foundation and the Lancaster Museum and Public Art Foundation. This insurance is primary & no other insurance maintained by the City of Lancaster will be called upon to cover any loss.”

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.



**POLICY NUMBER:**

**COMMERCIAL AUTO  
CA 04 03 06 04**

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

**DESIGNATED INSURED FOR COVERED  
AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

**[COVERAGE]**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are insureds under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

**SCHEDULE**

“The City of Lancaster as well as its Officers, Agents, Servants and Employees including the Lancaster Successor Agency, Lancaster Financing Authority, Lancaster Housing Authority, the Lancaster Boulevard Corporation, Lancaster Community Services Foundation and the Lancaster Museum and Public Art Foundation. This insurance is primary & no other insurance maintained by the City of Lancaster will be called upon to cover

any loss.”

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

Each person or organization shown in the Schedule is an “insured” for Liability Coverage, but only to the extent that person or organization qualifies as an “insured” under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.