

FILM INSURANCE SAMPLE CERTIFICATE & REQUIREMENTS
CITY OF CULVER CITY



COVERAGES

Commercial General Liability

Auto Liability

Proof of Workers Compensation

MINIMUM LIMITS

Filming and Still Photography:

\$1,000,000 per occurrence

\$2,000,000 aggregate

ADDITIONAL INSURED

The City of Culver City

Please note:
 Blanket endorsement is not accepted in place of endorsement page.

Additional endorsement should be submitted with certificate.

INSURANCE COMPANY

Licensed to do business in CA.

Licensed to do business in CA.

CERTIFICATE OF LIABILITY INSURANCE						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.							
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 the rights to the certificate holder in lieu of such endorsement(s).							
PRODUCER		CONTACT NAME:		PHONE:		FAX:	
INSURANCE AGENT NAME & ADDRESS		(A/C No. Ext)		(A/C No.)			
INSURED		E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		N AIC #	
INSURED COMPANY NAME & ADDRESS		INSURER A:		INSURER B:		INSURER C:	
		INSURER D:		INSURER E:		INSURER F:	
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
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			POLICY NUMBER			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-COMPOP AGG \$
	AUTOMOBILE LIABILITY <input checked="" 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			COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 <input checked="" type="checkbox"/> BODILY INJURY (Per person) BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$			POLICY NUMBER			EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	POLICY NUMBER			<input checked="" type="checkbox"/> WC STATUTORY LIMITS 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 Addend 101, Additional Remarks Schedule, if more space is required)							
The City of Culver City and members of its City Council, boards and commissions, and its officers, agents, and employees.							
CERTIFICATE HOLDER				CANCELLATION			
The City of Culver City 9770 Culver Blvd. Culver City, CA 90232				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			

DESCRIPTION OF OPERATIONS

The City of Culver City and members of its City Council, boards and commissions, and its officers, agents, and employees.

CERTIFICATE HOLDER

The City of Culver City
 9770 Culver Blvd.
 Culver City, CA 90232

Please submit certificate of liability with endorsement form to 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 Culver City and members of its City Council, boards and commissions, and its officers, agents, and employees.
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. For any additional questions, please contact our office at 213.977.8600 and speak with our insurance department.