

FILM INSURANCE SAMPLE CERTIFICATE & REQUIREMENTS
CITY OF FULLERTON



COVERAGES

- Commercial General Liability
- Auto Liability
- Proof of Workers' Comp

MINIMUM LIMITS

For Filing:
 \$1,000,000 per occurrence
 \$2,000,000 aggregate

For Still Photog3raphy:

\$500,000 per occurrence.

ADDITIONAL INSURED

City of Fullerton (see below for details).

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

INSURANCE COMPANY

Licensed to do business in CA.

| CERTIFICATE OF LIABILITY INSURANCE | | | | DATE (MM/DD/YYYY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 INSURANCE AGENT NAME & ADDRESS INSURED INSURED COMPANY NAME & ADDRESS | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME:</td> <td colspan="2">TAX (A/C, No):</td> </tr> <tr> <td colspan="2">FIRM (A/C, No, Ext):</td> <td colspan="2">TAX (A/C, No):</td> </tr> <tr> <td colspan="4">FIRM ADDRESS:</td> </tr> <tr> <td colspan="3">INSURER(S) AFFORDING COVERAGE</td> <td>N AIC #</td> </tr> <tr> <td colspan="4">INSURER A:</td> </tr> <tr> <td colspan="4">INSURER B:</td> </tr> <tr> <td colspan="4">INSURER C:</td> </tr> <tr> <td colspan="4">INSURER D:</td> </tr> <tr> <td colspan="4">INSURER E:</td> </tr> <tr> <td colspan="4">INSURER F:</td> </tr> </table> | | | | CONTACT NAME: | | TAX (A/C, No): | | FIRM (A/C, No, Ext): | | TAX (A/C, No): | | FIRM ADDRESS: | | | | INSURER(S) AFFORDING COVERAGE | | | N AIC # | INSURER A: | | | | INSURER B: | | | | INSURER C: | | | | INSURER D: | | | | INSURER E: | | | | INSURER F: | | | |
| CONTACT NAME: | | TAX (A/C, No): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRM (A/C, No, Ext): | | TAX (A/C, No): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FIRM ADDRESS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INSURER(S) AFFORDING COVERAGE | | | N AIC # | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PERIOD <input type="checkbox"/> OBJECT <input type="checkbox"/> LOCATION <input type="checkbox"/> | | | POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> RETENTION \$ | | | POLICY NUMBER POLICY NUMBER POLICY NUMBER POLICY NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <input checked="" type="checkbox"/> 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 <input type="checkbox"/> N/A | POLICY NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required). The City of Fullerton, its elected or appointed officials, officers employees and volunteers shall be additional insureds with respect to liability arising out of the use of the CITY premises; or with respect to liability arising out of automobiles owned, leased, hired, or borrowed by or on behalf of PERMITTEE. The coverage shall contain no special limitations on the scope of its protection afforded to the CITY, its officials, officers, employees, and volunteers. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CERTIFICATE HOLDER The City of Fullerton, its elected or appointed officials, officers employees 303 W. Commonwealth Ave. Fullerton, CA 92832 | | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS

The City of Fullerton, its elected or appointed officials, officers employees and volunteers shall be additional insureds with respect to liability arising out of the use of the CITY premises; or with respect to liability arising out of automobiles owned, leased, hired, or borrowed by or on behalf of PERMITTEE. The coverage shall contain no special limitations on the scope of its protection afforded to the CITY, its officials, officers, employees, and volunteers.

CERTIFICATE HOLDER

The City of Fullerton, its elected or appointed officials, officers employee
 303 W. Commonwealth Ave.
 Fullerton, CA 92832

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 Fullerton, its elected or appointed officials, officers employees and volunteers shall be additional insureds |
| 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.