



## 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 VERNON

- One ACORD 25 Certificate of Liability Insurance naming: "The City of Vernon as well as its officers, officials, employees, agents, and volunteers as Additional Insureds." The endorsement must specify the activities covered.
- "Additional Insured" endorsement "The City of Vernon as well as its officers, officials, employees, agents, and volunteers." The endorsement must specify the activities covered.
- 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:

- \$ 2,000,000 for motion capture (filming) \$
  - \$ 2,000,000 General Aggregate limit
  - \$ 5,000,000 for aircraft or pyrotechnics use
  - \$ 2,000 excess liability (when required)

- 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.

City of Vernon Hold Harmless

- Per the City of Vernon, a Hold Harmless is required to release a permit. Please have an authorized representative of the production company complete the form and return to [insurance@filmla.com](mailto:insurance@filmla.com)

# FILM INSURANCE SAMPLE CERTIFICATE & REQUIREMENTS

## CITY OF VERNON



Commercial General Liability  
 Auto Liability  
 Proof of Workers Compensation

### MINIMUM LIMITS

**For Filming:**  
 \$ 2,000,000 per occurrence.

**For Still Photography:** \$ 1,000,000 per occurrence.

### ADDITIONAL INSURED

The City of Vernon, its officers, officials, employees, agents, and volunteers are added as additional insured.

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

Blanket additional insured not accepted in place of endorsement.

### INSURANCE COMPANY

Licensed to do business in CA.

<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  INSURANCE AGENT NAME & ADDRESS	CONTACT NAME: PHONE (A/C No. Ext)   FAX (A/C. No): E-MAIL ADDRESS: ADDRESS:		INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		N AIC #		
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 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"/> PRO-JECT <input type="checkbox"/> LOC			POLICY NUMBER			EACH OCCURRENCE \$ 2,000,000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMPOP 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			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"/> RETENTION \$			POLICY NUMBER			EACH OCCURRENCE \$ AGGREGATE \$
	<input checked="" 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			POLICY NUMBER			<input checked="" type="checkbox"/> WC STATU-TORY 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 AGORD 101, Additional Remarks Schedule, if more space is required)							
The City of Vernon as well as its officers, officials, employees, agents, and volunteers are additional insured and this insurance is primary and non-contributory.							
<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>			
City of Vernon, it fficers, officials, employees, agents, and volunteers 6255 W Sunset Blvd. 12 <sup>th</sup> Floor Hollywood, CA 90028				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEROF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE			

### DESCRIPTION OF OPERATIONS

The City of Vernon, its fficers, officials, employees, agents, and volunteers are added as additional insured.

### CERTIFICATE HOLDER

City of Vernon, Officers, officials, employees, agents, and volunteers  
 6255 W Sunset Blvd. 12<sup>th</sup> Floor  
 Hollywood, CA 90028

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)
City of Vernon, Officers, officials, employees, agents, and volunteers
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.