



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. Permits cannot be released until your insurance has been verified.

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.

Requirements by Jurisdiction

City of Santa Monica & Santa Monica Pier Corporation

- **Commercial General Liability (CGL):**

One ACORD 25 Certificate of Liability (or) Insurance Services Office Form CG 00 01.

Limits of no less than \$1,000,000 per occurrence.

- If the filming includes vehicles and/or aircraft (i.e., the filming sequence(s) involves the operation of a Permittee owned, rented, loaned, or leased vehicle and/or aircraft), the Permittee will also be required to provide evidence of the following insurance coverage:

Automobile Liability:

ACORD 25 (or) Insurance Services Office Form CA 00 01 covering Code 1 (any auto), or if the Contractor has no owned autos, Code 8 (hired) and Code 9 (non-owned).

Limits of no less than \$1,000,000 per accident for bodily injury and property damage.

Aircraft Hull & Liability:

Insurance covering bodily injury, including death or personal injury, and damage to property.

Limits of no less than \$5,000,000 per occurrence.

(CONTINUED ON NEXT PAGE)

- **Additional Insured Status (CGL and Aircraft policies):**

The City of Santa Monica, its officers, officials, employees, and volunteers and Santa Monica Pier Corporation, its officers, officials, employees, and volunteers are to be added as additional insureds with respect to liability arising out of the Permittee's use of the City's facilities, including work or operations performed by or on behalf of the Permittee, and materials, parts or equipment furnished in connection with such work or operations.

- **Primary Coverage (all policies):**

The Permittee's insurance coverage shall be primary as respects the City of Santa Monica, its officers, officials, employees, and volunteers and Santa Monica Pier Corporation, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the City of Santa Monica, its officers, officials, employees, or volunteers and Santa Monica Pier Corporation, its officers, officials, employees, and volunteers shall be excess of the Permittee's insurance and shall not contribute with it.

- **Waiver of Subrogation (all policies):**

Permittee hereby grants to the City of Santa Monica and Santa Monica Pier Corporation a waiver of any right of subrogation which any insurer of said Permittee may acquire against the City of Santa Monica and Santa Monica Pier Corporation by virtue of payment of any loss. Permittee agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation, but this provision applies regardless of whether or not the City of Santa Monica and Santa Monica Pier Corporation has received the a waiver of subrogation endorsement from the insurer.

- **Acceptability of Insurers:**

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise approved by the City's Risk Manager.

Special Risk or Circumstances: The City of Santa Monica reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

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



FILM INSURANCE CERTIFICATE REQUIREMENTS CITY OF SANTA MONICA & SANTA MONICA PIER CORP.

COVERAGES

- Commercial General Liability
- Auto Liability

MINIMUM LIMITS

Filming & Still Photo:

- \$1,000,000 per occurrence.

ADDITIONAL INSURED

- City of Santa Monica named as additional insured.
- Additional insured endorsement must be attached to certificate upon submission (*see sample endorsement page*).

INSURANCE COMPANY

- Must be licensed to do business in CA.
- Insurer must have current AM Best's rating of no less than A:VII unless otherwise approved by City Risk Manager.

		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 rights to the certificate holder in lieu of such endorsement(s).						
PRODUCER INSURANCE AGENT NAME & ADDRESS		CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE: NAIC # INSURER A: INSURANCE COMPANY NAME INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:				
INSURED INSURED NAME & ADDRESS						
COVERAGES		CERTIFICATE NUMBER:		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 AGREEMENT 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	INSUR WVD	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC		POLICY NUMBER	CURRENT POLICY PERIOD		EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> H-RED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		POLICY NUMBER	CURRENT POLICY PERIOD		COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ANNUITY (Mandatory in NH) if yes, describe in detail DESCRIPTION OF OPERATION		POLICY NUMBER	CURRENT POLICY PERIOD		WC STATUTORY LIMITS CITY-ER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS (LOCATIONS) VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)						
The City of Santa Monica, its officers, officials, employees, and volunteers as additional insured per attached endorsements. Waiver of Subrogation applies to all policies, and coverage is primary and non-contributory.						
CERTIFICATE HOLDER				CANCELLATION		
City of Santa Monica 1685 Main Street Santa Monica, CA 90401				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		
© 1988-2010 ACORD CORPORATION. All rights reserved.						
ACORD 25 (2010/05)		The ACORD name and logo are registered marks of ACORD				

Description of Operations: The City of Santa Monica, its officers, officials, employees, and volunteers.
Certificate Holder: City of Santa Monica, 1685 Main St, Santa Monica, CA 90401.

Please submit Certificate of Liability to: insurance@filmla.com. For additional questions, contact our office at (213) 977-8600.



FILM INSURANCE CERTIFICATE REQUIREMENTS CITY OF SANTA MONICA & SANTA MONICA PIER CORP.

COVERAGES

- Commercial General Liability
- Auto Liability

MINIMUM LIMITS

Filming & Still Photo:

- \$1,000,000 per occurrence.

ADDITIONAL INSURED

- Santa Monica Pier Corp. added as additional insured.
- Additional insured endorsement must be attached to certificate upon submission (*see sample endorsement page*).

INSURANCE COMPANY

- Must be licensed to do business in CA.
- Insurer must have current AM Best's rating of no less than A:VII unless otherwise approved by City Risk Manager.

ACORD ³		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 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:		INSURER(S) AFFORDING COVERAGE INSURER A: INSURANCE COMPANY NAME INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
INSURED INSURED NAME & ADDRESS		CERTIFICATE NUMBER: _____ 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 AGREEMENT 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	POLY PERIOD	POLY PERIOD	POLY EXPI	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> POLY-SUBJECT <input type="checkbox"/> LOC		POLICY NUMBER	CURRENT	POLICY PERIOD	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		POLICY NUMBER	CURRENT	POLICY PERIOD	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETARY EXECUTIVE OFFICERS/AMBASSADORS? (Mandatory in NH) If yes, describe in order DESCRIPTION OF OPERATIONS		POLICY NUMBER	CURRENT	POLICY PERIOD	WC STATU-TORY LIMITS OTH-TR EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The Santa Monica Santa Monica Pier Corporation, its officers, officials, employees, and volunteers as additional insured per attached endorsements. Waiver of Subrogation applies to all policies, and coverage is primary and non-contributory.						
CERTIFICATE HOLDER Santa Monica Pier Corporation 200 Santa Monica Pier, Ste. A Santa Monica, CA 90401			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			
© 1988-2010 ACORD CORPORATION. All rights reserved.						
ACORD 25 (2010/05)		The ACORD name and logo are registered marks of ACORD				

- 1) **Description of Operations:** Santa Monica Pier Corporation, its officers, officials, employees, and volunteers.
- 2) **Certificate Holder:** Santa Monica Pier Corporation, 200 Santa Monica Pier, Ste A Santa Monica, CA 90401.

Please submit Certificate of Liability to: insurance@filmla.com. For additional questions, contact our office at (213) 977-8600.



ADDITIONAL INSURED ENDORSEMENT FORM CITY OF SANTA MONICA & SANTA MONICA PIER CORP.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

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 Person or Organization:

The City of Santa Monica, its officers, officials, employees, and volunteers and Santa Monica Pier Corporation its officers, officials, employees, and volunteers are added as additional insured.

City of Santa Monica
1685 Main St.
Santa Monica, Ca 90401

Santa Monica Pier Corporation
200 Santa Monica Pier, Ste A
Santa Monica, CA 90401

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

WHO IS AN INSURED (Section 1) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

ADDITIONAL INSURED

The City of Santa Monica, its officers, officials, employees, and volunteers and Santa Monica Pier Corporation its officers, officials, employees, and volunteers are added as additional insured.

Please submit your Additional Insured Endorsement Form with your Certificate of Liability to: insurance@filmla.com.



WAIVER OF SUBROGATION CITY OF SANTA MONICA & SANTA MONICA PIER CORP.

WAIVER OF SUBROGATION

Permittee hereby grants to the City of Santa Monica and Santa Monica Pier Corporation a waiver of any right of subrogation which any insurer of said Permittee may acquire against the City of Santa Monica and Santa Monica Pier Corporation by virtue of payment of any loss.

Permittee agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation, but this provision applies regardless of whether or not the City of Santa Monica and Santa Monica Pier Corporation has received the waiver of subrogation endorsement from the insurer.

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative of producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

SAMPLE

Please submit your Additional Insured Endorsement Form with your Certificate of Liability to: insurance@filmla.com.