


# FILM INSURANCE CERTIFICATE REQUIREMENTS CITY OF SANTA MONICA & DOWNTOWN SANTA MONICA, INC





## 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      NAIC # INSURER A: INSURANCE COMPANY NAME INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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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	MODELS INSR / WVD	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY EXPIRES (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PROJ. <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 <input type="checkbox"/> AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED <input type="checkbox"/> AUTOS <input type="checkbox"/> NON-OWNED <input type="checkbox"/> 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 <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION					EACH OCCURRENCE    \$ AGGREGATE    \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIAB ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER/REX/DEP?    Y/N (Mandatory in NH) If yes, describe in order DESCRIPTION OF OPERATIONS		POLICY NUMBER	CURRENT POLICY NUMBER		<input type="checkbox"/> INC STATU- TORY LIMITS <input type="checkbox"/> COT- TER    1,000,000 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  City of Santa Monica 1685 Main Street 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
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### COVERAGES

- Commercial General Liability
- Auto Liability

### MINIMUM LIMITS

#### Filming & Still Photo:

\$1,000,000 per occurrence.

### ADDITIONAL INSURED

- City of Santa Monica 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.

**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.

# FILM INSURANCE CERTIFICATE REQUIREMENTS CITY OF SANTA MONICA & DOWNTOWN SANTA MONICA, INC



ACORD		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)	
<p>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.</p> <p>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).</p>					
PRODUCER INSURANCE AGENT NAME & ADDRESS		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): EMAIL: ADDRESS:		INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED INSURED NAME & ADDRESS		INSURER A: INSURANCE COMPANY NAME		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:	
<p>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.</p>					
INSR LTR	TYPE OF INSURANCE	INSURER	POLICY NUMBER	POLICY PERIOD	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"/> PROJE CT <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"/> HIRE 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 OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe in detail DESCRIPTION OF OPERATIONS		POLICY NUMBER	CURRENT POLICY PERIOD	WC STATUTORY LIMITS \$ OTHER \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS (LOCATIONS / VEHICLES (Attach ACORD 101), Additional Remarks Schedule, if more space is required)					
Downtown Santa Monica, Inc., 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		
Downtown Santa Monica, Inc. 1351 Third Street Promenade, Ste. 201 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		

## COVERAGES

- Commercial General Liability
- Auto Liability

## MINIMUM LIMITS

### Filming & Still Photo:

\$1,000,000 per occurrence.

## ADDITIONAL INSURED

- Downtown Santa Monica, Inc. 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.

Description of Operations: Downtown Santa Monica, Inc., its officers, officials, employees, and volunteers.

Certificate Holder: Downtown Santa Monica Inc., 1351 Third Street Promenade Ste 201 Santa Monica, CA 90401.



# ADDITIONAL INSURED ENDORSEMENT FORM CITY OF SANTA MONICA & DOWNTOWN SANTA MONICA, INC.

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 Downtown Santa Monica, Inc., its officers, officials, employees, and volunteers are added as additional insured.

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

Downtown Santa Monica, Inc.  
1351 Third Street Promenade, Ste 201  
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 Downtown Santa Monica, Inc. its officers, officials, employees, and volunteers are added as additional insured.



# WAIVER OF SUBROGATION CITY OF SANTA MONICA & DOWNTOWN SANTA MONICA, INC.

## WAIVER OF SUBROGATION

Permittee hereby grants to the City of Santa Monica and Downtown Santa Monica, Inc. a waiver of any right of subrogation which any insurer of said Permittee may acquire against the City of Santa Monica and Downtown Santa Monica, Inc. 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 Downtown Santa Monica, Inc. 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](mailto:insurance@filmla.com).