

**FILM INSURANCE SAMPLE CERTIFICATE & REQUIREMENTS**  
CITY OF LANCASTER



**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  INSURANCE AGENT NAME & ADDRESS	CONTACT NAME: PHONE (A/C, No, Ext)      FAX (A/C, No): E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE      N AIC # INSURER A: INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED  INSURED COMPANY 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 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
	GENERAL LIABILITY <input checked="" 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"/> PROJECT <input type="checkbox"/> LOC			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-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"/> HIRED 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) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$			POLICY NUMBER			EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)      Y / N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			POLICY NUMBER			<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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 ACORD 101, Additional Remarks Schedule, if more space is required)

"The City of Lancaster as well as its Officers, Agents, Servants and Employees including the Lancaster Successor Agency, Lancaster Financing Authority, Lancaster Housing Authority, the Lancaster Boulevard Corporation, Lancaster Community Services Foundation and the Lancaster Museum and Public Art Foundation. This insurance is primary & no other insurance maintained by the City of Lancaster will be called upon to cover any loss."

<b>CERTIFICATE HOLDER</b>  City of Lancaster 44933 Fern Ave. Lancaster, CA 93534	<b>CANCELLATION</b>  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
- Proof of Workers Compensation

**MINIMUM LIMITS**

- For Filming:**
- \$1,000,000 combined single limit liability on a per occurrence basis.
  - \$2,000,000 general aggregate.
- For Still Photography:**
- \$500,000 per occurrence.

**ADDITIONAL INSURED**

The City of Lancaster named as additional insured.

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

**INSURANCE COMPANY**

Licensed to do business in CA.

\*Please note: Additional requirements may apply to this jurisdiction.

**DESCRIPTION OF OPERATIONS**

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**CERTIFICATE HOLDER**

City of Lancaster  
44933 Fern Ave.  
Lancaster, CA 93534



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 Lancaster as well as its Officers, Agents, Servants and Employees including the Lancaster Successor Agency, Lancaster Financing Authority, Lancaster Housing Authority, the Lancaster Boulevard Corporation, Lancaster Community Services Foundation and the Lancaster Museum and Public Art Foundation. This insurance is primary & no other insurance maintained by the City of Lancaster will be called upon to cover any loss.”

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.



**POLICY NUMBER:**

**COMMERCIAL AUTO**  
**CA 04 03 06 04**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**DESIGNATED INSURED FOR COVERED  
AUTOS LIABILITY COVERAGE**

This endorsement modifies insurance provided under the following:

**[COVERAGE]**

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are insureds under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	Countersigned By:
Named Insured:	(Authorized Representative)

**SCHEDULE**

“The City of Lancaster as well as its Officers, Agents, Servants and Employees including the Lancaster Successor Agency, Lancaster Financing Authority, Lancaster Housing Authority, the Lancaster Boulevard Corporation, Lancaster Community Services Foundation and the Lancaster Museum and Public Art Foundation. This insurance is primary & no other insurance maintained by the City of Lancaster will be called upon to cover

any loss.”

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

Each person or organization shown in the Schedule is an “insured” for Liability Coverage, but only to the extent that person or organization qualifies as an “insured” under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.