

FILM INSURANCE CERTIFICATE REQUIREMENTS FOR THE CITY OF SANTA MONICA



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.

| ACORD | | 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 | | | | |
| INSURED INSURED NAME & ADDRESS | | 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 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 | POLY PERIOD (MM/DD/YYYY) | POLICY EXPI (MM/DD/YYYY) | LIMITS |
| | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR | | 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 ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED 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 | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/AMBASSADOR? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS | | POLICY NUMBER | CURRENT POLICY PERIOD | | MC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> 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 | | | 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 | | | |
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| 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.



ADDITIONAL INSURED ENDORSEMENT FORM FOR THE CITY OF SANTA MONICA

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 are added as additional insured.

City of Santa Monica
1685 Main St.
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 are added as additional insured.



WAIVER OF SUBROGATION FOR THE CITY OF SANTA MONICA

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 or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

SAMPLE

WAIVER OF SUBROGATION

Permittee hereby grants to the City of Santa Monica a waiver of any right of subrogation which any insurer of said Permittee may acquire against the City of Santa Monica 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 has received the waiver of subrogation endorsement from the insurer.