



# FILM INSURANCE CERTIFICATE REQUIREMENTS FOR CITY OF SAN FERNANDO

		<b>CERTIFICATE OF LIABILITY INSURANCE</b>			DATE (MM/DD/YYYY)	
PRODUCER  INSURANCE AGENT NAME & ADDRESS		THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.				
INSURED  INSURED NAME & ADDRESS		INSURERS AFFORDING COVERAGE			NAIC #	
		INSURER A: INSURANCE COMPANY NAME(S)				
		INSURER B:				
		INSURER C:				
		INSURER D:				
		INSURER E:				
<b>COVERAGES</b> 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 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <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	CURRENT PERIOD	POLICY	EACH OCCURRENCE \$ \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$
	<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <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	CURRENT PERIOD	POLICY	COMBINED SINGLE LIMIT (Ea accident) \$ \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ <input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH ER \$ 1,000,000 E.L. EACH ACCIDENT \$ \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$
		<b>WORKERS COMPENSATION EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below  OTHER	POLICY NUMBER	CURRENT PERIOD	POLICY	
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS AND ENDORSEMENT / SPECIAL PROVISIONS</b>  City of San Fernando and its directors, officers, agents and employees are additional insured with respect to General Liability and Auto Liability. This insurance is primary & non-contributory and waiver of subrogation applies.						
<b>CERTIFICATE HOLDER</b>  City of San Fernando and its directors, officers, agents and employees  117 Macneil Street San Fernando, CA 91340				<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE		
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## COVERAGES

- Commercial General Liability
- Auto Liability
- Proof of Workers' Compensation

## MINIMUM LIMITS

### For Filming:

- \$1,000,000 per occurrence.

### For Still Photography:

- \$1,000,000 per occurrence.

## ADDITIONAL INSURED

City of San Fernando named as additional insured.

- NO BLANKET

ENDORSEMENT ACCEPTED

## INSURANCE COMPANY

Must be licensed to do business in California.

- 1) **Description of Operations:** City of San Fernando its directors, officers, and employees.
- 2) **Certificate Holder:** City of San Fernando its directors, officers, and employees.

# ADDITIONAL INSURED ENDORSEMENT FORM FOR CITY OF SAN FERNANDO



## ADDITIONAL INSURED

City of San Fernando and its directors, officers, agents and employees

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:**

City of San Fernando and its directors, officers, agents and employees

(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.