



FILM INSURANCE CERTIFICATE REQUIREMENTS FOR THE CITY OF LA HABRA HEIGHTS

		<h2 style="margin: 0;">CERTIFICATE OF LIABILITY INSURANCE</h2>		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:			

COVERAGES

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
X	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"/> PRO-JECT <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 - 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	CURRENT PERIOD	POLICY	COMBINED SINGLE LIMIT (Ea accident) \$ \$ 1,000,000
					BODILY INJURY (Per person) \$
					BODILY INJURY (Per accident) \$
					PROPERTY DAMAGE (Per accident) \$
					AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION	POLICY NUMBER	CURRENT PERIOD	POLICY	EACH OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	POLICY NUMBER	CURRENT PERIOD	POLICY	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> 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 \$ \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

1) The City of La Habra Heights, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.

CERTIFICATE HOLDER	CANCELLATION
2) City of La Habra Heights, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers. 6255 W. Sunset Blvd. 12th Floor Hollywood, CA 90028	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:

- \$500,000 per occurrence.

ADDITIONAL INSURED

- The City of La Habra Heights named as additional insured.
- Additional insured endorsement must be attached to certificate upon submission. (See page 2 for sample.)

INSURANCE COMPANY

- Must be licensed to do business in California.

Please Note:

Additional requirements may apply to this jurisdiction.

See Insurance Guidelines for full details.

- 1) **Description of Operations:** The City of La Habra Heights, its Special Districts, Elected Officials, Officers, Agents, Employees, & volunteers are added as additional insured.
- 2) **Certificate Holder:** City of La Habra Heights, its Special Districts, Elected Officials, Officers, Agents, Employees, & volunteers are added as additional insured.



ADDITIONAL INSURED ENDORSEMENT FORM FOR THE CITY OF LA HABRA HEIGHTS

POLICY NUMBER:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

SCHEDULE

Name of Person or Organization:

The City of La Habra Heights its Special Districts, Elected Officials, Officers, Agents, Employees, and volunteers are added as additional insured.

(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 La Habra Heights, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.