

FILM INSURANCE SAMPLE CERTIFICATE & REQUIREMENTS FOR THE COUNTY OF LOS ANGELES



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		CONTACT NAME: _____					
INSURANCE AGENT NAME & ADDRESS		PHONE (A/C, No. Ext): _____		FAX (A/C, No): _____			
INSURED		E-MAIL ADDRESS: _____					
INSURED COMPANY NAME & ADDRESS		INSURER(S) AFFORDING COVERAGE		N AIC #			
		INSURER A:					
		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 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
<input checked="" type="checkbox"/>	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			POLICY NUMBER			EACH OCCURRENCE \$1,000,000 DAMAGES TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMPOP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> OBJECT <input type="checkbox"/> LOC <input type="checkbox"/>			POLICY NUMBER			COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS			POLICY NUMBER			EACH OCCURRENCE \$ AGGREGATE \$
	UMBRELLA LIAB EXCESS LIAB 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			POLICY NUMBER			<input checked="" type="checkbox"/> WC STATUTORY LIMITS 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 Accord 101, Additional Remarks Schedule, if more space is required)							
The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.							
CERTIFICATE HOLDER				CANCELLATION			
The County of Los Angeles, 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, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.			
				AUTHORIZED REPRESENTATIVE			

COVERAGES

Commercial General Liability

Auto Liability

Proof of Workers Compensation

MINIMUM LIMITS

For Filming and Still Photography

\$1,000,000 per occurrence

ADDITIONAL INSURED

The County of Los Angeles named as additional insured.

*Additional insured endorsement must be attached to the certificate upon submission (see following page).

INSURANCE COMPANY

Licensed to do business in CA.

DESCRIPTION OF OPERATIONS

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.

CERTIFICATE HOLDER

The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers
6255 W. Sunset Blvd. 12th Floor
Hollywood, CA 90028



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 County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers are added as additional insured.
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.

Please submit certificate of liability with endorsement form to insurance@filmla.com. For any additional questions, please contact our office at 213.977.8600 and speak with our insurance department.