



Insurance Requirements for Newport Beach



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 have ADDITIONAL INSURED provisions or 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 ABC Insurance Agent Co. 123 10th Street New York, NY		CONTACT NAME: Mr. Smith PHONE (A/C, No, Ext): 212-555-1212 E-MAIL ADDRESS:		Must be A-Rated Carrier admitted in CA
		INSURER(S) AFFORDING COVERAGE INSURER A: AM Best A-VII+ Insurance Carrier		
INSURED XYZ Producing Co. 1234 Beacon St. Los Angeles, CA		NAIC # 123456		

Insured Name must match the Production Company Name on the Film Permit

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 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE RESTRICTED PREMIUM (Per occurrence) \$
A			<input checked="" type="checkbox"/>	AB12345678	1/1/2023	1/1/2024	MED (Any person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL ADV INJURY \$
	POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						GENERAL LIABILITY \$
	OTHER: _____						PRODUCTS-COMP/OP AGG \$
							\$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
A	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY		<input checked="" type="checkbox"/>	BA123456	1/1/2023	1/1/2024	BODILY INJURY (Per person) \$
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE \$
							AGGREGATE \$
	DEDUCTIBLE/RETENTION \$						\$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROFESSIONAL EXECUTIVE OFFICERS' LIABILITY (Mandatory in NH)						EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						SE - EA EMPLOYEE \$
							SE - POLICY LIMIT \$

Policy Effective Dates Must cover dates listed on the Film Permit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Newport Beach, its elected or appointed officers, employees, agents, and volunteers as Additional Insured and/or Loss Payee as their interest may appear with respect to the operations of the Named Insured. Coverage shall be primary & non-contributory.

No Blanket Verbiage or Endorsements are accepted

CERTIFICATE HOLDER City of Newport Beach 100 Civic Center Dr. Newport Beach, CA 92658	CANCELLATION 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 Must have Signature Must be filled in
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WORKERS' COMPENSATION WAIVER OF SUBROGATION ENDORSEMENT FOR THE CITY OF NEWPORT BEACH

Worker's Comp Policy Numr **MUST MATCH COI**

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE POLICY

WC 04 03 06
(Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be _____ % of the California worker's compensation premium otherwise due on such remuneration.

SCHEDULE

Person or Organization

Job Description

The City of Newport Beach

No Blanket Verbiage or Endorsements are accepted

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 Organization(s):

City of Newport Beach, its elected or appointed officers, employees, agents, and volunteers.

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.

No Blanket Verbiage or Endorsements are accepted