



# FILM INSURANCE CERTIFICATE REQUIREMENTS CITY OF SANTA MONICA & SANTA MONICA PIER CORP.

## 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.

		<h3>CERTIFICATE OF LIABILITY INSURANCE</h3>		DATE (MM/DD/YYYY)		
<p>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.</p> <p>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).</p>						
PRODUCER  INSURANCE AGENT NAME & ADDRESS		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:		INSURER(S) AFFORDING COVERAGE NAIC #		
INSURED  INSURED NAME & ADDRESS		INSURER A: INSURANCE COMPANY NAME		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>		
<p>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.</p>						
TYPE	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY PERIOD (MM/DD/YYYY)	POLICY PERIOD (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input 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 & ACTV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS		POLICY NUMBER	CURRENT	POLICY PERIOD	COMBINED SINGLE LIMIT (Per accident) \$1,000,000 BOD & Y INJURY (Per person) \$ BOD & Y INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS					
<input type="checkbox"/>	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/BOARDER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS	Y/N	POLICY NUMBER	CURRENT	POLICY PERIOD	<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)					
<p>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.</p>						
<b>CERTIFICATE HOLDER</b>  City of Santa Monica 1685 Main Street Santa Monica, CA 90401			<b>CANCELLATION</b>  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			
© 1988-2010 ACORD CORPORATION. All rights reserved.						
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.



# FILM INSURANCE CERTIFICATE REQUIREMENTS CITY OF SANTA MONICA & SANTA MONICA PIER CORP.

## COVERAGES

- Commercial General Liability
- Auto Liability

## MINIMUM LIMITS

### Filming & Still Photo:

- \$1,000,000 per occurrence.

## ADDITIONAL INSURED

- Santa Monica Pier Corp. added 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 <sup>3</sup>		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YYYY)	
<p>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.</p> <p><b>IMPORTANT:</b> 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).</p>						
<b>PRODUCER</b> INSURANCE AGENT NAME & ADDRESS		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext):      FAX (A/C, No): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE      NAIC # INSURER A: INSURANCE COMPANY NAME INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:				
<b>INSURED</b> INSURED NAME & ADDRESS						
<b>COVERAGES</b>		<b>CERTIFICATE NUMBER:</b>		<b>REVISION NUMBER:</b>		
<p>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.</p>						
RSK LTR	TYPE OF INSURANCE	POOL NUMBER INSR. WVD	POLICY NUMBER	POLICY PERIOD INSR. WVD	POLICY EFF. DATE (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/>	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  (GEN. AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRODUCE <input type="checkbox"/> LOC		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 \$
<input checked="" type="checkbox"/>	<b>AUTOMOBILE LIABILITY</b> <input 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 POLICY PERIOD		COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE (DED. RETENTION)					EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> (ANY PROPRIETOR/ PARTNER/ EXECUTIVE OFFICER/ MEMBER/ EMPLOYEE) (Mandatory in NH) If yes, describe in order DESCRIPTION OF OPERATIONS		POLICY NUMBER	CURRENT POLICY PERIOD		<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES</b> (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The Santa Monica Santa Monica Pier Corporation, 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.						
<b>CERTIFICATE HOLDER</b>			<b>CANCELLATION</b>			
Santa Monica Pier Corporation 200 Santa Monica Pier, Ste. A 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			
© 1988-2010 ACORD CORPORATION. All rights reserved. ACORD 25 (2010/05)      The ACORD name and logo are registered marks of ACORD						

- 1) **Description of Operations:** Santa Monica Pier Corporation, its officers, officials, employees, and volunteers.
- 2) **Certificate Holder:** Santa Monica Pier Corporation, 200 Santa Monica Pier, Ste A Santa Monica, CA 90401.



# ADDITIONAL INSURED ENDORSEMENT FORM CITY OF SANTA MONICA & SANTA MONICA PIER CORP.

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 and Santa Monica Pier Corporation its officers, officials, employees, and volunteers are added as additional insured.

City of Santa Monica  
1685 Main St.  
Santa Monica, Ca 90401

Santa Monica Pier Corporation  
200 Santa Monica Pier, Ste A  
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 and Santa Monica Pier Corporation its officers, officials, employees, and volunteers are added as additional insured.



# WAIVER OF SUBROGATION CITY OF SANTA MONICA & SANTA MONICA PIER CORP.

## 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 of 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 and Santa Monica Pier Corporation a waiver of any right of subrogation which any insurer of said Permittee may acquire against the City of Santa Monica and Santa Monica Pier Corporation 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 and Santa Monica Pier Corporation has received the waiver of subrogation endorsement from the insurer.