




Film Insurance Guidelines

Filmmakers seeking permits to film on-location in any of the areas served by FilmL.A. must either have on file or provide proof of insurance meeting both our requirements and those of each jurisdiction involved. The insurance step is very important, since timely insurance submission is necessary to prevent permit coordination delays. Permits cannot be released until your insurance has been verified.

Please note that mandatory coverage varies widely by jurisdiction. We do not advise you to purchase insurance without reviewing this document and/or calling us at 213.977.8600 to discuss your plans with a FilmL.A. Insurance Specialist.

 [Sample certificates](#) for all jurisdictions are available on the Forms page of our website.

Requirements by Jurisdiction

City of Newport Beach

- One ACORD 25 Certificate of Liability Insurance including the following:

“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.”
- "Additional Insured" endorsement = "City of Newport Beach, its elected or appointed officers, employees, agents, and volunteers."
- Certificate must include a thirty-day notice of cancellation provision (10 days for non-payment of the certificate premium) and must be obtained from an insurer admitted to do business in California or written through a California-licensed broker.
- Total minimum Commercial General Liability coverage limits (per occurrence) are as follows:
 - \$ 1,000,000 for still photography
 - \$ 1,000,000 for motion capture (filming)
 - \$ 5,000,000 in aviation insurance for aircraft use.

(Continued on following page.)

- Automobile Liability requirements:

Where the permit applicant, or any of its representatives, agents or employees will use vehicles in conjunction with the filming (i.e. picture vehicle, camera car, production vehicles et al), insurance coverage must meet the minimum limits of \$1,000,000 per accident.

- Proof of Workers Compensation coverage is required. Must include Employers' Liability coverage with limits of not less than \$1,000,000 per accident per CA state law.
- Workers Compensation Waiver of Subrogation Endorsement:

The insurer issuing the Workers' Compensation insurance shall amend its policy by endorsement to waive all rights of subrogation against the City of Newport Beach, its elected or appointed officers, agents, officials, employees and volunteers.

- Submit certificates to FilmL.A. by email at insurance@filmla.com.

Insurance must be submitted to FilmL.A. 5 days prior to any filming activity (prep and/or film dates) for approval.

If you have any questions about our requirements, please contact our office at 213.977.8600 and ask to speak with an Insurance Specialist.

FILM INSURANCE CERTIFICATE REQUIREMENTS FOR THE CITY OF NEWPORT BEACH



ACORD **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 rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE AGENT NAME & ADDRESS	CONTACT NAME		
	PHONE (A/C, Ho, Ext)	FAX (A/C, No)	
INSURED INSURED NAME & ADDRESS	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: INSURANCE COMPANY NAME(S)		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

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	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) / POLICY EXP (MM/DD/YYYY) / LIMITS
<input checked="" type="checkbox"/>	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"/> PROJECT <input type="checkbox"/> LOC	POLICY NUMBER CURRENT POLICY PERIOD	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Pa. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	POLICY NUMBER CURRENT POLICY PERIOD	COMBINED SINGLE LIMIT (Pa. accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY 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 DED <input type="checkbox"/> RETENTION \$		EACH OCCURRENCE \$ AGGREGATE \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	WC STATUTORY LIMITS OTH FB E.L. EACH ACCIDENT \$ E.L. DISEASE/EMPLOYEE \$ E.L. CASP - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, 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."			
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	

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COVERAGES

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

MINIMUM LIMITS

\$1,000,000 per occurrence.

ADDITIONAL INSURED

The City of Newport Beach added as additional insured.

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

A "Blanket" additional insured endorsement or language is not acceptable.

WORKERS' COMPENSATION

Permittee shall carry the insurance or provide for self-insurance required by CA law to protect said Permittee for claims under the Workers' Compensation Act.

A Workers' Compensation Waiver of Subrogation is required (see additional page).

Please submit Certificate of Liability with Endorsement Form to insurance@filmla.com.

For any additional questions, please contact our office at (213) 977-8600.

ADDITIONAL INSURED ENDORSEMENT FORM FOR THE CITY OF NEWPORT BEACH



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 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" and "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.

ADDITIONAL INSURED

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

Please submit your Additional Insured Endorsement Form with your Certificate of Liability to: insurance@filmla.com.

WORKERS' COMPENSATION CERTIFICATE REQUIREMENTS FOR THE CITY OF NEWPORT BEACH



CERTIFICATE

CERTIFICATE IS EVIDENCE OF WORKERS' COMPENSATION WITH RESPECT TO EMPLOYEES PAID BY THE NAMED INSURED IN CONJUNCTION WITH [NAMED INSURED] WHILE WORKING ON THE PRODUCTION [PRODUCTION TITLE]. INCLUDES A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER SHOWN BELOW.

		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 rights to the certificate holder in lieu of such endorsement(s).					
PRODUCER INSURANCE AGENT NAME & ADDRESS		CONTACT NAME PHONE (A/C, Ho, Ext) E-MAIL ADDRESS		FAX (A/C, No)	
INSURED INSURED NAME & ADDRESS		INSURER(S) AFFORDING COVERAGE INSURER A: INSURANCE COMPANY NAME(S)		NAIC #	
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 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 MAINTAINED, 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 GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.	ADDL. SUBR. INSR. (A/C, No, EXT) POLICY NUMBER	POLICY EFF. (MM/DD/YYYY) POLICY EXP. (MM/DD/YYYY)	LIMITS EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG. \$		
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$		
UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE			EACH OCCURRENCE \$ AGGREGATE \$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	POLICY NUMBER	CURRENT POLICY PERIOD	WC STATUTORY LIMITS OTH. FB E.L. F&B ACCIDENT \$1,000,000 E.L. F&B EMPLOYEE \$1,000,000 F&B F&B - POLICY LIMIT \$1,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
CERTIFICATE IS EVIDENCE OF WORKERS' COMPENSATION WITH RESPECT TO EMPLOYEES PAID BY THE NAMED INSURED IN CONJUNCTION WITH [NAMED INSURED] WHILE WORKING ON THE PRODUCTION [PRODUCTION TITLE]. INCLUDES A WAIVER OF SUBROGATION IN FAVOR OF THE CERTIFICATE HOLDER SHOWN BELOW.					
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		
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Please submit Certificate of Liability with Endorsement Form to insurance@filmla.com.

For any additional questions, please contact our office at (213) 977-8600.

WORKERS' COMPENSATION WAIVER OF SUBROGATION ENDORSEMENT FOR THE CITY OF NEWPORT BEACH



WORKERS' COMPENSATION WAIVER OF SUBROGATION

The insurer issuing the Workers' Compensation insurance shall amend its policy by endorsement to waive all rights of subrogation against the City of Newport Beach, its elected or appointed officers, agents, officials, employees and volunteers.

Worker's Comp Policy Num

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

WC 262 (4-84)
WC 04 03 06 (Ed. 4-84)

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Please submit your Additional Insured Endorsement Form with your Certificate of Liability to: insurance@filmla.com. Insurance must be submitted to FilmL.A. 5 days prior to any filming activity (prep and/or film dates) for approval.

For any additional questions, please contact our office at (213) 977-8600.

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