

**GUIDANCE FOR SUBMITTING EVIDENCE OF INSURANCE
TO THE CITY OF LOS ANGELES, LOS ANGELES WORLD AIRPORTS**

(FOR INFORMATION ONLY – DO NOT RETURN THIS PAGE TO THE CITY)

INSURED

1. To expedite completion of the insurance requirements, please give your insurance agent a broker a copy of the Insurance Requirements Sheet along with these instructions.
2. If your agreement requires Workers' Compensation coverage and you have been authorized by the State of California to self-insure Workers' Compensation, then a copy of the certificate from the State consenting to self-insurance will meet the evidence requirements. *All other self-insurance has special requirements. Consult your City contact for details.*
3. All questions relating to insurance should be directed to the person or office responsible for your contract, lease, permit or other agreement.

INSURANCE AGENT OR BROKER

1. **Acceptable Evidence.** The appropriate Certificate of Insurance with endorsements is the preferred form of evidence. No modifications to the forms are permitted. Alternatively, true and certified copies of the full policy containing additional insured and 30-day cancellation notice language will be accepted subject to review by the Risk Manager. Verifications, Memoranda of Insurance and other non-binding documents submitted alone are not acceptable evidence of insurance.
2. **Multiple Policies.** More than one insurance policy may be required to comply with the insurance requirements. Please submit forms appropriate to your insured's agreement, contract, lease or permit. ACORD forms with appropriate endorsements may be used.
3. **Signature.** Please have an authorized representative of the insurance company **manually** sign all certificates. Signatures must be originals as the Risk Manager will not accept facsimile (rubber stamp, or photocopy, etc.) or initialed signatures.
4. **Underwriter.** The name and address of the insurance company underwriting the coverage must be noted on the endorsement form. In the case of syndicates or subscription policies, indicate lead underwriters or managing agent and attach a schedule of subscribers, including their percentage of participation.
5. **Document Reference.** Include reference of either the specific City agreement (bid, contract, lease, etc.) or indicate that all such agreements are covered.
6. **Coverage & Limits.** The coverages and limits for each type of insurance are specified on the insurance requirements sheet. When coverage is on a scheduled basis, a separate sheet may be attached to the certificate listing such scheduled locations, vehicles, etc., so covered.
7. **Excess Insurance.** Endorsements to excess policies will be required when primary insurance is insufficient to comply with the requirements.
8. **Additional Pages.** If there is insufficient space on the reverse side of the form to note pertinent information, such as inclusions, exclusions or specific provisions, etc., attach separate sheets and note this on the endorsement form.
9. **Person to contact.** Completed Certificates/Endorsements, correspondence and questions relating to the required insurance should be directed as follows:

RISK MANAGEMENT, INSURANCE COMPLIANCE
Los Angeles World Airports, 7301 World Way West, 2nd Floor, Los Angeles, CA 90045
10. **Technical Assistance.** Improperly completed Certificates/Endorsements will need to be resubmitted with corrections. For assistance, contact the Risk Management Office at (424) 646-5480, FAX (310) 215-5300.
11. **Delay in submitting properly completed Certificates/Endorsements may delay your insured's intended occupancy or operation.**

INSURANCE REQUIREMENTS FOR LOS ANGELES WORLD AIRPORTS

NAME: *****
 AGREEMENT / ACTIVITY: **LAWA FILM PERMIT**
 TERM: *****

The insured must maintain insurance coverage at limits normally required of its type operation; however, the following coverage noted with an "X" is the minimum required and must be at least the level of the limits indicated. All limits are per occurrence unless otherwise specified.

	<u>LIMITS</u>
(X) Workers' Compensation (Statutory)/Employer's Liability (X) Voluntary Compensation Endorsement (X) Waiver of Subrogation, specifically naming LAWA (Please see attached supplement)	<u>Statutory</u>
(X) Automobile Liability - covering owned, non-owned & hired auto	<u>\$****</u>
(X) Commercial General Liability, including the following coverage: (X) Premises and Operations (X) Contractual (Blanket/Schedule) (X) Independent Contractors (X) Personal Injury (X) Stunt and Pyrotechnic, if applicable (X) Additional Insured Endorsement, specifically naming LAWA (Please see attached supplement). Coverage for Hazardous Substances * Must meet contractual requirements	<u>\$****</u>
(X) Aircraft Liability – if applicable, provided by aircraft owner Fixed wing aircraft – LAX & ONT Fixed wing aircraft – VNY Fixed wing aircraft – PMD Rotorcraft – all facilities	<u>\$10,000,000 CSL</u> <u>\$2,000,000 CSL</u> <u>\$5,000,000 CSL</u> <u>\$10,000,000 CSL</u>

******MINIMUM REQUIRED LIMITS:**

Filming takes place in terminal/building w/no airfield access	<u>\$1,000,000 CSL</u>
Filming takes place on VNYS Airfield or vicinity	<u>\$2,000,000 CSL</u>
Filming takes place on PMD Airfield or vicinity	<u>\$5,000,000 CSL</u>
Filming takes place on LAX or ONT Airfield or vicinity	<u>\$10,000,000CSL</u>

CONTRACTOR SHALL BE HELD RESPONSIBLE FOR OWN OR HIRED EQUIPMENT AND SHALL HOLD AIRPORT HARMLESS FROM LOSS, DAMAGE OR DESTRUCTION TO SUCH EQUIPMENT.

INSURANCE COMPANIES WHICH DO NOT HAVE AN AMBEST RATING OF A- OR BETTER, AND HAVE A MINIMUM FINANCIAL SIZE OF AT LEAST 4, MUST BE REVIEWED FOR ACCEPTABILITY BY EXECUTIVE DIRECTOR.

PLEASE RETURN THIS FORM WITH EVIDENCE OF INSURANCE



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:	FAX (A/C, No): 212-555-1234	
	INSURER(S) AFFORDING COVERAGE		
INSURED XYZ Producing Co. 1234 Beacon St. Los Angeles, CA	INSURER A: AM Best A-VII+ Insurance Carrier		NAIC # 123456
	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 INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits determined by size, scope and area of activity

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		X	AB12345678	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000 (MINIMUM) DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		X	BA12345678	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETARY OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	X	WC12345678	1/1/23	1/1/24	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER 1,000,000 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	AVIATION LIABILITY (if applicable)		X	AL153511	1/1/23	01/12/24	5,000,000 Minimum	

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

THE CITY OF LOS ANGELES, LOS ANGELES WORLD AIRPORTS, ITS BOARD, AND ALL OF ITS OFFICERS, EMPLOYEES, AND AGENTS ARE INCLUDED AS ADDITIONAL INSURED UNDER THE GENERAL LIABILITY OR AUTO LIABILITY POLICIES AND A LOSS PAYEE UNDER THE PRODUCTION PACKAGE POLICY BUT ONLY AS RESPECTS THEIR AGREEMENT WITH THE NAMED INSURED FOR THE RENTAL OR LEASE OF PROPS, SETS, & WARDROBE, EQUIPMENT, VEHICLES OR PREMISES FOR THE PRODUCTION: "Tree Pilot"

CERTIFICATE HOLDER**CANCELLATION**

Los Angeles World Airports 7301 World Way West Los Angeles, CA 90045	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 broker signature
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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):

THE CITY OF LOS ANGELES, LOS ANGELES WORLD AIRPORTS, ITS BOARD,
AND ALL OF ITS OFFICERS, EMPLOYEES, AND AGENTS
7301 World Way West
Los Angeles, CA 90045

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.

SAMPLE ONLY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/20/2018

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.

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.

PRODUCER: SAMPLE PAYROLL COMPANY, LLC
INSURED: SAMPLE PRODUCTION COMPANY
CONTACT NAME: MS. BROKER
PHONE: 818-555-1212
INSURER(S) AFFORDING COVERAGE: SAMPLE CARRIER COMPANY
NAIC #: 19380

COVERAGES CERTIFICATE NUMBER: 118100 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for General Liability, Automobile Liability, Umbrella Liab, Excess Liab, and Workers Compensation.

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 EFT MEDIA PRODUCTIONS LLC.

CERTIFICATE HOLDER CANCELLATION

THE CITY OF LOS ANGELES, LOS ANGELES WORLD AIRPORTS, ITS BOARD, AND ALL OF ITS OFFICERS, EMPLOYEES, AND AGENTS
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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SAMPLE ONLY

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a different date is indicated below.

(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy).

This endorsement, effective 12:01 AM, 01/01/2018

forms a part of Policy No. **WC 123-456-789**

Issued to **PAYROLL COMPANY INC. DBA**

By **SAMPLE BROKER**

Premium **INCLUDED**

We have a right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against any person or organization with whom you have a written contract that requires you to obtain this agreement from us, as regards any work you perform for such person or organization.

The additional premium for this endorsement shall be 0% of the total estimated workers compensation premium for this policy.

Schedule

<u>Person or Organization</u>	<u>Job Description</u>
LOS ANGELES WORLD AIRPORTS	ANY JOB WHERE REQUIRED BY CONTRACT

WC 04 03 61
(Ed. 11/90)

Countersigned by _____ *Mr Broker* _____
Authorized Representative