

# Insurance Requirements for City of Lancaster



## 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	INSURER(S) AFFORDING COVERAGE	NAIC #
		PHONE:	212-555-1212		
INSURED	XYZ Producing Co. 1234 Beacon St. Los Angeles, CA	NAIC No. Ext.:		Must be A-Rated Carrier admitted in CA	
		E-MAIL ADDRESS:		INSURER A: AM Best A-VII+ Insurance Carrier	123456

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

COVERAGES						REVISION NUMBER:
<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>						
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WND	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	X	AB12345678	1/1/2023	1/1/2024	EACH OCCURRENCE \$ 1,000,000
	CLAIMS-MADE OCCUR					DAMAGE TO RENTED PREMISES (Per occurrence) \$
A	GENL AGGREGATE LIMIT APPLIES PER:	X	BA12345678	1/1/2023	1/1/2024	MED EXP. (Per one person) \$
	POLICY PROJECT LOC					PERSONAL INJURY \$
A	OTHER:	X	BA12345678	1/1/2023	1/1/2024	GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY					PRODUCTS LIABILITY \$
A	ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY	X	BA12345678	1/1/2023	1/1/2024	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000
	SCHEDULED AUTOS NON-OWNED AUTOS ONLY					BODILY INJURY (Per person) \$
A	UMBRELLA LIAB EXCESS LIAB	X	BA12345678	1/1/2023	1/1/2024	BODILY INJURY (Per accident) \$
	DED. INTENTION \$					PROPERTY DAMAGE (Per accident) \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	X	WC12345678	1/1/2023	1/1/2024	AGGREGATE \$
	ANY PROFESSIONAL OFFICER (Mandatory If yes, describe under DESCRIPTION OF OPERATIONS below)					OTHER STATUTE OTHER \$
						ALL RISK ACCIDENT \$ 1,000,000
						EL. DISEASE - EA EMPLOYEE \$ 1,000,000
						- POLICY LIMIT \$ 1,000,000

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)					
The City of Lancaster, its elected officials, officers, employees and volunteers are included as additional insured with respect to General Liability and Auto Liability. Insurance is primary and non-contributory and waiver of subrogation applies.					

No Blanket Verbiage or Endorsements are accepted

CERTIFICATE HOLDER	CANCELLATION
City of Lancaster 44933 Fern Ave. Lancaster, CA 93534	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

**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 Lancaster, its elected officials, officers, employees and volunteers are included 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", "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**