

# Insurance Requirements for LAUSD



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

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

COVERAGES		CERTIFICATE NUMBER:		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 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 WVD	POLICY NUMBER	CY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	X	AB12345678	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 2,000,000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ex occurrence) \$ 50,000
A	GENL AGGREGATE LIMIT APPLIES PER:	X				MED EXP (Any one person) \$ 5,000
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PERSONAL & ADV INJURY \$ 1,000,000
A	OTHER:	X	BA12345678	1/1/2025	1/1/2026	GENERAL AGGREGATE \$ 3,000,000
	AUTOMOBILE LIABILITY					PRODUCTS - COMP/OP AGG \$ 3,000,000
A	ANY AUTO	X	BA12345678	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ex accident) \$ 1,000,000
	OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>					BODILY INJURY (Per person) \$
A	UMBRELLA LIAB	X	BA12345678	1/1/2025	1/1/2026	BODILY INJURY (Per accident) \$
	EXCESS LIAB					PROPERTY DAMAGE (Per accident) \$
A	DED <input type="checkbox"/> RETENTION \$	X	WC12345678	1/1/2025	1/1/2026	EACH OCCURRENCE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y/N					AGGREGATE \$
A	ANYPRINCIPAL/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? <input type="checkbox"/> (Managers in NH) <input type="checkbox"/> (if yes, type in box) <input type="checkbox"/> (DESCRIBE in box below)	N/A	WC12345678	1/1/2025	1/1/2026	EX. PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>
	E. EACH ACCIDENT \$ 1,000,000					
						E. L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E. L. DISEASE - 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)  
Los Angeles Unified School District & the Board of Education of the City of Los Angeles are included as additional insured with respect to General Liability and Auto Liability. Insurance is Primary and Non-Contributory.

Blanket Additional insured verbiage is NOT accepted

Blanket Additional Insured endorsements are NOT accepted

CERTIFICATE HOLDER	CANCELLATION
Los Angeles Unified School District & the Board of Education of the City of Los Angeles 333 South Beaudry Ave. 28th Floor Los Angeles, CA 90017	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

POLICY NUMBER: **MUST MATCH COI**

**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):

**Los Angeles Unified School District & Board of Education of the City of Los Angeles**

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**