



INDIO PERMIT APPLICATION

Applicant Information

Company Name: _____ Production Title: _____
 Contact Name: _____ Title: _____
 Address: _____ Email: _____
Street Address

City State ZIP Code
 Company Phone:() _____ Cell Phone:() _____
 Secondary Contact: _____
 Title, Cell & email: _____

Filming Information

Type of Production

Feature TV Episodic TV Reality
 Commercial Stills Documentary/Industrial
 Music Video Student Other (Specify) _____

Total number of people on location (crew, cast, vendors, etc): _____

Vehicle Breakdown (# of each):

Cars: _____ Lg. Trucks: _____ RVs: _____ Picture Vehicles: _____
 Generators: _____ Camera Cars: _____ Other (specify & #): _____

Location:

Location Name (if applicable): _____
 Address: _____
 Owner/Rep Name: _____
 Owner/Rep Number: _____
 Date(s) and time(s) of shoot: _____
 Summary of scenes (activity, stunts, SFX, etc): _____

By submitting this form, you are agreeing to pay a service fee to process this information

City of Indio

Insurance Requirements

Insurance requirements: The applicant must provide insurance with a minimal limit of \$2,000,000 General Liability limit. The certificate of insurance *and the Letter of Endorsement* (ISO form # CG-20-12-07-98 or AB-90-67-12-93 or equivalent) must name the City of Indio as an additional insured, as follows, verbatim:

City of Indio, 100 Civic Center Mall, Indio, CA 92201 and its officers, City Council, agents, employees, and volunteers are additional named insured with respect to liabilities arising out of the performance of services hereunder.

Proof of Workers Compensation Insurance is required at State statutory limits.

CITY OF
INDIO