

# City of San Bernardino Insurance requirements

A certificate of insurance (liability of not less than \$1million and property damage of not less than \$1million). The wording should be as follows:

**"Description of Operations" Box**

***The City of San Bernardino and its officers, employees, agents and volunteers are additionally insured with respect to liabilities arising out of the performance of operations hereunder.***

**"Certificate Holder" Box**

***The City of San Bernardino, et al  
290 North "D" Street  
San Bernardino, CA 92401***

a Letter of Endorsement (ISO form # CG-20-12-07-98 or AB-90-67-12-93 or equivalent)

The wording should be as follows:

***The City of San Bernardino, et al  
290 North "D" Street  
San Bernardino, CA 92401***

***The City of San Bernardino and its officers, employees, agents and volunteers are additionally insured with respect to liabilities arising out of the performance of operations hereunder.***



**SAN BERNARDINO CITY FILM PERMIT**

**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): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROPERTY OWNER'S AUTHORIZATION:**

I am the legal owner of said property and do hereby authorize use of the property for the temporary use outlined in this application.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_\_  
NOTARY PUBLIC (seal)

I hereby certify, under penalty of perjury, that the information filled in above is correct. I agree to comply with all applicable State, County, and City of San Bernardino laws, including conditions of approval, pertaining to the operation of this event.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Applications may be email to the Planning Division: [CityofSBPlanning@sbcity.org](mailto:CityofSBPlanning@sbcity.org)

**A complete application must be accompanied by the Planning Division processing fee at the time of submittal.**

**Note: Incomplete applications will not be accepted**



## Special Effects and Hazardous Conditions Worksheet

Date \_\_\_\_\_

Special Effects Coordinator \_\_\_\_\_ License # \_\_\_\_\_

Prod. Co. \_\_\_\_\_ Coord. cell # \_\_\_\_\_

Prod. Co. Address \_\_\_\_\_

SFX Location(s) \_\_\_\_\_

Assistants \_\_\_\_\_ License # \_\_\_\_\_

Assistants \_\_\_\_\_ License # \_\_\_\_\_

Activity/Special FX Materials (please note quantities to be used for each material listed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Activity: \_\_\_\_\_ Time(s): \_\_\_\_\_

SFX Coord. Signature \_\_\_\_\_ Date \_\_\_\_\_

Production Co. Signature \_\_\_\_\_ Date \_\_\_\_\_

**You must also provide a copy of the front and back of the State Pyrotechnics license of all of the Pyrotechnicians who will be on location, in addition to the Special Effects Coordinator's license.**

**This form and a copy of your State Pyrotechnics license(s) are required before a permit can be issued**

For City Use Only

Fire Approval (initial) \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Police Approval (initial) \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_