

City of Lake Elsinore

Insurance Requirements

Insurance requirements:

A Certificate of Liability Insurance on a ACORD 25 Form shall be provided, naming the City as additionally insured, for the Host Organization and, as applicable, the Primary Contact, Private Security Service Provider, Medical Service Provider, and other service providers if required by the Risk Management Department.

All certificates of insurance must provide coverage for the duration of the shoot, including setup and tear down dates. The City's Risk Management Department has final authority regarding the insurance coverage for the Photography and Motion Picture and can require insurance coverage from other service providers; place requirements on Event Components and/or modify Event Components in a Special Event due to the unique nature or risk of a particular Event or Event Component; and require participant waivers.

The applicant must provide the follow:

- Commercial Liability Insurance
 - \$1 million Per Occurrence
 - \$2 million General Aggregate
- Workers Compensation and Employee Liability
 - \$1 million per accident or disease
- Auto Liability Insurance
 - \$1 million per accident for bodily injury and property damage

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 Lake Elsinore as an additional insured, as follows, verbatim:

City of Lake Elsinore, 130 S Main Street, Lake Elsinore, CA 92530 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.

PHOTOGRAPHY AND MOTION PICTURE PERMIT APPLICATION

DESCRIPTION

Project Title: _____

Production Type:

- | | |
|--|--|
| <input type="checkbox"/> Still Photography | <input type="checkbox"/> Feature Film |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Music Video |
| <input type="checkbox"/> TV-Movie | <input type="checkbox"/> Documentary/Educational |
| <input type="checkbox"/> TV-Episode | <input type="checkbox"/> Other: _____ |

Total Personnel: _____

Total Number of Vehicles/Equip: _____

Equipment Detail: Please supply total number of each of the following items to be used at the filming location(s):

Generators: _____ Large Trucks: _____ Vans: _____

Trailers: _____ Picture Vehicles: _____ Cast/Crew: _____

Description of Filming Activity: Please provide specifics about your shoot, describing the scenes to be shot at each location and any use of animals, stunts, pyrotechnics, hazardous materials, etc. Please indicate prep and strike days. Attach additional sheets if necessary.

Date	Time	Location and Activity

CONTACT INFORMATION

Name of Applicant: _____

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

E-mail: _____

SITE PLAN

If your shoot is planned on City street(s) and/or property, please submit a site plan showing proposed location(s) of cast, crew, vehicles and the route to be traveled on the street(s).

Site Plan Attached Site Plan will be submitted by: _____

TRAFFIC CONTROL

Street Closures:

Is your filming activity going to impact the regular flow of traffic on a city street or sidewalk?

YES NO

 If yes, applicant/organizer must notify residences and businesses affected by the event.

What street(s) and intersection(s) will be closed for your shoot?

Will your event involve the use of traffic safety equipment, (i.e) barricades, traffic cones, etc?

YES NO

Applicant/organizer will be required to obtain traffic safety equipment for the safe closure of the venue and to ensure proper detour and parking information is posted. Depending on the event, you may need barricades, traffic cones, directional signage, etc. An Encroachment Permit may be required.

Parking:

It is important that you plan for the safe arrival and departure of cast and crew. As the applicant/organizer, you should develop a parking and/or shuttle plan that is suitable for the environment in which your shoot will take place.

Proposed Parking/Staging Arrangements:

Proposed Security Services:

Proposed First Aid Services:

Proposed Trash Collection:

CR&R; Attention: Nicole Moore PHONE: 951-657-7513

Proposed Restroom Facilities:

THE CITY OF LAKE ELSINORE ENCOURAGES USE OF LOCAL BUSINESSES

INSURANCE

Name of Insurance Company

Street:

City, State, CA:

Telephone:

Day _____ **Cell** _____

Contact Name:

Policy Number:

Before final approval of your Photography and Motion Picture is granted, a Certificate of Liability Insurance on a ACORD 25 Form shall be provided, naming the City as additionally insured, for the Host Organization and, as applicable, the Primary Contact, Private Security Service Provider, Medical Service Provider, and other service providers if required by the Risk Management Department.

All certificates of insurance must provide coverage for the duration of the shoot, including setup and tear down dates. The City’s Risk Management Department has final authority regarding the insurance coverage for the Photography and Motion Picture and can require insurance coverage from other service providers; place requirements on Event Components and/or modify Event Components in a Special Event due to the unique nature or risk of a particular Event or Event Component; and require participant waivers.

Certificates of Insurance Must Reflect:

Commercial General Liability with limits of:

- \$1 million per occurrence
- \$2 million general aggregate

Statutory Limits for Workers Compensation and Employers Liability:

- \$1 million per accident or disease

Liquor Liability:

- Required if alcohol will be sold at the event
- \$5 million, but may vary depending on size and nature of event

Auto Liability:

- \$1 million per accident for bodily injury and property damage.

<p>Certificate Holder Must Reflect: City of Lake Elsinore 130 S Main Street Lake Elsinore, CA 92530</p>

Questions regarding Insurance Requirements?
Contact The City of Lake Elsinore Risk Manager
(951) 674-3124 x 309

PHOTOGRAPHY AND MOTION PICTURE PERMIT APPLICATION

GENERAL TERMS, CONDITIONS AND RESTRICTIONS

Permittee waives all claims against City, its officers, agents and employees, for loss or damage caused by, arising out of or in any way connected with the exercise of this permit and permittee agrees to hold harmless, indemnify, and defend City, its officers, agents and employees caused by, arising out of or in any way connected with exercise by permittee of the rights hereby permitted, except those arising out of the sole negligence of City. City shall have the privilege of inspecting the premises covered by the permit at any and all times. This permit shall not be assigned. City may terminate permit at any time if the permittee fails to perform any covenant herein contained at the time and in the manner herein provided. City agrees it will not unreasonably exercise this right of termination. The parties hereto agree that the permittee, its officers, agents, and employees in the performance of this permit shall act in an independent capacity and not as officers, employees, or agents of the City. No alteration or variation of the terms of this permit shall be valid unless made in writing and signed by the parties hereto. Permittee agrees to comply with the terms and conditions contained in the attached Exhibit(s), which terms and conditions are by this reference made a part thereof. The permittee hereby agrees to comply with all the rules and regulations of the facility or institution subject to this permit. The permit must be kept on site at all times. City makes no representation or warranty as to the condition of any property or facilities used by the permittee, and it is the responsibility of the permittee to fully inspect all property and facilities to determine their condition prior to their use, and in going forward. Assumes all risks associated with the condition of property or facilities. Permittee agrees to all the terms and conditions of this permit including provisions listed on this form and any attachments.

Applicant's Name: _____

Date: _____

Representative of: _____

(Company)