

APPLICANT INFORMATION

Date: _____

Company Name: _____
(If this is a student film, please add school name)

Address: _____
(Street Address)

(City) (State) (Zip)

Phone Number: (____) _____ Fax Number: (____) _____

Applicant Name: _____

Phone Number: (____) _____ Fax Number: (____) _____

Mobile Number: (____) _____ Email: _____

Location Manager: _____

Phone Number: (____) _____ Fax Number: (____) _____

Mobile Number: (____) _____ Email: _____

Non-Profit: YES NO Federal Tax Exempt Identification Number: _____
Must submit a copy of determination letter

PRODUCTION INFORMATION

Project Title: _____

Production Date(s): _____

Production Type:

Still Photography TV Commercial TV Movie TV Episode Feature Film

Music Video Corporate Video Educational Student Film

Other (Please provide description below)

Total Personnel: _____

Production Location(s): _____

Production Dates & Times

If your production is a multi-day production, please complete the following information for each separate date. Space is provided for five (5) additional entries. If your event is longer than five (5) days, please attach an additional sheet of paper with the requested information.

Day One:

Production Start Date: _____ Start Time: _____ AM/PM

Production End Date: _____ End Time: _____ AM/PM

Day Two:

Production Start Date: _____ Start Time: _____ AM/PM

Production End Date: _____ End Time: _____ AM/PM

Day Three:

Production Start Date: _____ Start Time: _____ AM/PM

Production End Date: _____ End Time: _____ AM/PM

Day Four:

Production Start Date: _____ Start Time: _____ AM/PM

Production End Date: _____ End Time: _____ AM/PM

Day Five:

Production Start Date: _____ Start Time: _____ AM/PM

Production End Date: _____ End Time: _____ AM/PM

TRAFFIC INFORMATION

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

____ Site Plan attached

____ Site map will be submitted by Time: _____ and Date: _____

If filming is to take place on City streets, please describe planned arrangements for temporary restrooms and removal of refuse generated by your production.

Describe plan: _____

EQUIPMENT/PROP INFORMATION

Please provide exact number of equipment for each:

Generators: _____ Cars: _____ Trucks: _____ RVs: _____ Vans: _____ Other: _____

List of Props: _____

YES ____ NO ____

Will you be using pyrotechnics (fireworks) or explosives?

If yes, please attach detailed information about the specific plan.

Pyrotechnician: _____

License Number: _____

Phone Number: (____) _____

Mobile Number: (____) _____

YES ____ NO ____

Will you be using hazardous material?

If so please list: _____

YES ____ NO ____

Will you be using animals?

If yes, what type and how many? _____

YES ____ NO ____

Will you be using tents over 200 square feet?

YES ____ NO ____

Will you be using canopies over 400 square feet?

YES ____ NO ____

Will you be utilizing any aerial stunts or elements in your shoot? If yes, please attach details of any aerial stunts that will be used.

YES ____ NO ____

Will you be filming on private property? If yes, you must provide a copy of signed location agreement(s).

YES ____ NO ____

Will you have food/catering?

PARKING

Do you require parking? Yes No

Parking Encroachment Details

POST "NO PARKING" SIGNS 72 HOURS BEFORE ENCROACHMENT FOR FILMING

Garage: Yes No Location: _____

Meters On- Street: Yes No Location: _____

Parking Lot: Yes No Location: _____

On-Street
Parking (not marked): Yes No Location: _____

Marked Stalls: Yes No Location: _____

Impacts ADA/Disabled Parking Stall(s) or Pedestrian Access Ramps: Yes No

How do you plan to utilize the parking space? Provide specific details:

Date/Time Meter Encroachment Begins: _____AM/PM

Date/Time Meter Encroachment Ends: _____AM/PM

For Metered Areas- List the meter numbers or space numbers located on the street. Please note that meter rates may apply.

Meter #s: _____

For On-Street without meters or marked spaces: List the distance in feet to be utilized on the street - Increments of 20ft per parking space

Feet: _____

Be advised that no parking zones, disabled parking and loading zones may not be reserved.



- Temporary “No Parking” approved in conjunction with special event permits.
- Temporary No Parking Signs must indicate the Date and Time of Restriction AND the RMC 10.52.100 and CVC 22651 (l), (n).
- Temporary No Parking Signs must be posted by the permittee a maximum of 72 hours and a minimum of 24 hours before the date and time they are to take effect. Per California Vehicle Code Section 22651 (l) and (n).
- Temporary No Parking Signs SHALL NOT cover or obscure existing signs or parking meter heads.
- Temporary No Parking Signs must be unobstructed and clearly visible by drivers on the street or affected parking patrons. Post the Temporary No Parking Signs:
 - Facing oncoming traffic, directly below the existing signage, and at a 45 degree angle to the street
 - Fastened at both top and bottom
- All Temporary “No Parking Signs” must be removed by the permittee upon the expiration of the signs or at the end of the event, whichever comes first.

LOCATION SHOOT SPECIFICS

Date:		Time:		Prep/Film/Strike <i>Circle One:</i>	P F S
Location:					
Address:					
Detailed Activity:					

Date:		Time:		Prep/Film/Strike <i>Circle One:</i>	P F S
Location:					
Address:					
Detailed Activity:					

Date:		Time:		Prep/Film/Strike <i>Circle One:</i>	P F S
Location:					
Address:					
Detailed Activity:					

Date:		Time:		Prep/Film/Strike <i>Circle One:</i>	P F S
Location:					
Address:					
Detailed Activity:					

Date:		Time:		Prep/Film/Strike <i>Circle One:</i>	P F S
Location:					
Address:					
Detailed Activity:					

**If private property is being used, list owners name, address, and phone number. Must provide a copy of signed location agreement(s).*

AGREEMENT

Permittee waives all claims against the City, its officers, agents and employees, for loss and 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 the City, its officers, agents and employees, from any and all loss, damage or liability which may be caused by, arising out of or in any way connected with the exercise by Permittee of the rights hereby permitted. The City shall have the privilege of inspecting the premises covered by this permit at any or all times. This permit shall not be assigned. The City may terminate this permit at any time if Permittee fails to perform any provision herein. Permittee hereby agrees that it, 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 considered valid unless made in writing and approved by the City. Permittee will not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, age, national origin, or physical handicap. The Permittee hereby agrees to comply will all the rules and regulations of the facility or institution subject to this permit. Permit must be kept on site at all times.

Permittee agrees to all the terms and conditions of this permit including the provisions listed above and any attachments. Any changes to this application must be submitted in writing by the applicant.

Company Representative (Print)

Company Representative (Signature)

City of Riverside

Insurance Requirements

Insurance requirements: Production company must provide a General Liability Insurance Certificate providing evidence of general liability insurance coverage in the minimum amount of \$1,000,000 combined single limit, \$2,000,000 aggregate AND \$1,000,000 Auto Liability if the event includes any moving vehicles or it's a large production AND an additional insured endorsement naming the City of Riverside, its officers, employees and agents' as additional insured.

This document must be submitted no later than fifteen (15) days prior to the event start date. All vendors participating in the event must provide insurance as well as all contracted services for the event i.e. Security services, rentals, traffic management, etc. 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 Riverside as an additional insured, as follows, verbatim:

City of Riverside, 3900 Main Street, Riverside, CA 92522 and its officers, City Council, agents, employees, Agents and volunteers are additional named insured with respect to liabilities arising out of the performance of services hereunder.

See attached sample.

CITY OF
RIVERSIDE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2013

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 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 XYZ Insurance Agency 1234 Main Street Anytown CA 99999		CONTACT NAME: Producer Name PHONE (A/C, No, Ext): 951-555-1234 E-MAIL ADDRESS: FAX (A/C, No): 951-555-1235	
INSURED Your Company 5678 Willow Street Anytown CA 99999		INSURER(S) AFFORDING COVERAGE INSURER A : Insurance Company Full Name INSURER B : Insurance Company Full Name INSURER C : INSURER D : INSURER E : INSURER F :	
		NAIC #	Include
		Include	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY			Full Policy Number	01/01/2013	01/01/2014	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
							PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
B	AUTOMOBILE LIABILITY		<input checked="" type="checkbox"/>	Full Policy Number	01/01/2013	01/01/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	\$	
							\$		
							\$		
C	<input checked="" type="checkbox"/> UMBRELLA LIAB		<input checked="" type="checkbox"/>	Full Policy Number	01/01/2013	01/01/2014	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	\$ 1,000,000	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					\$		
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			Full policy Number	01/01/2013	01/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				<input checked="" type="checkbox"/>	E.L. EACH ACCIDENT	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Description of work performed for the City of Riverside, Reference to Event , or description of operations.

The City of Riverside shall be named as additional insured as respects to the operations of the named insured per attached General Liability Form CG2026 and Automobile Form CA2048

CERTIFICATE HOLDER**CANCELLATION**

City of Riverside 3900 Main Street Riverside CA 92522	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
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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)
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" or "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.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following.

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

This endorsement is effective on the inception date of the policy unless another date is indicated below.

SECTION II – LIABILITY COVERAGE, 1. WHO IS AN INSURED is amended to include as an "insured" the person(s) or organization(s) named in the Schedule below, but only with respect to their legal liability for acts or omissions of a person for whom Liability Coverage is afforded under this policy. You are authorized to act for the additional insured named in the Schedule in all matters pertaining to this insurance.

SCHEDULE

Name and Address of Additional Insured:

ANY PERSON OR ORGANIZATION THAT YOU HAVE AGREED IN
A WRITTEN CONTRACT, THAT SUCH PERSON OR ORGANIZATION
IS AN ADDITIONAL INSURED ON THIS POLICY.

All other terms and conditions of this Policy remain unchanged.

Endorsement Number:

Policy Number:

Named Insured

Endorsement Effective Date:
address.

local Standard Time at the First Named Insured's
address.