

# FILMING IN THE CITY OF DUARTE FILM INSURANCE CERTIFICATE REQUIREMENTS

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>				DATE (MM/DD/YYYY) XX/XX/XXXX	
PRODUCER  NAME & ADDRESS		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.			
INSURED  NAME & ADDRESS					
		INSURERS AFFORDING COVERAGE		NAIC #	
		INSURER A: INSURANCE COMPANY NAME(S)			
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			

  

COVERAGES						
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
X	X	GENERAL LIABILITY	POLICY NUMBER	CURRENT POLICY PERIOD		EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$
		GEN'L AGGREGATE LIMIT APPLIES PER:				PERSONAL & ADV INJURY \$
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				GENERAL AGGREGATE \$
						PRODUCTS - COMP/OP AGG \$
X		AUTOMOBILE LIABILITY	POLICY NUMBER	CURRENT POLICY PERIOD		COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per ac
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per ac
		<input type="checkbox"/> HIRED AUTOS				
		<input type="checkbox"/> NON-OWNED				
		GARAGE LIABILITY				AUTO CY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO CY - AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		RETENTION \$				\$
Te X		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	POLICY NUMBER	CURRENT POLICY PERIOD		WC STATU-TORY LIMITS \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 1,000,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
		OTHER				E.L. DISEASE - POLICY LIMIT \$ 1,000,000

  

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS	
<p>The City of Duarte, its officers, agents, employees and volunteers are included as additional insured as their interests may appear.</p>	

  

<b>CERTIFICATE HOLDER</b>  City of Duarte 1600 Huntington Drive Duarte CA 91010	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE <div style="text-align: right; font-weight: bold;">SIGNATURE</div>
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## COVERAGES

- Commercial General Liability
- Auto Liability
- Proof of Workers Compensation

## MINIMUM LIMITS

### For Filming:

- \$1,000,000 per occurrence.

## ADDITIONAL INSURED

- City of Duarte named as additional insured.
- If a policy contains "blanket" additional insured, then the certificate must note: "City of Duarte is additional insured by blanket endorsement".

## INSURANCE COMPANY

- Must be licensed to do business in California.

**1) Description of Operations:** City of Duarte, its officers, agents, employees and volunteers are included as additional as their interests may appear.

**2) Certificate Holder:** City of Duarte

*For any additional questions, please contact our office at 626-357-7931.*