



INSURANCE REQUIREMENTS FOR FILM PERMITS

We must receive all proof of insurance via email directly from your Agent, Broker or Provider. The Company / Contractor name provided for the film permit application must be represented as insured. All proof of insurance and endorsements to: film@sfgov.org. Questions? Call us: (415) 554-6241

We need a certificate of insurance showing:

- **\$1 million per occurrence (\$2 million aggregate) for General Liability**
- **\$1 million Combined Single Limit for Auto Liability**
- **\$1 million for Employer's Liability and State statutory requirements for Workers Compensation**

The Certificate Holder for all issued certificates must state:

**The City and County of San Francisco
San Francisco Film Commission
City Hall Room 473, San Francisco, CA 94102**

*Please note, if your Worker's Compensation is issued separately, the Worker's Compensation Certificate Holder section must also state the above language.

The certificate must be signed by an authorized representative

For both the General and Auto Liability, we require an endorsement naming **"The City and County of San Francisco, its officers, agents and employees" as additional insured.**

* If ONLY hired and non-owned autos are being covered, we do NOT need an endorsement for the Auto OR: If the policy carries a blanket endorsement, send the relevant pages of the policy indicating where the City is covered, along with the declaration or forms page OR make sure the form # for the blanket endorsement is listed on the certificate.

EXCEPTIONS & WAIVERS: When we receive a request for a waiver of any portion of the insurance requirements, we must have the waiver approved internally by our Risk Management department. Make sure to allow at least 3 business days for this process. If you do not cover Workers Compensation Insurance because legally you are not required to, we can instruct on the steps to requesting a waiver for this requirement. If you cannot provide or do not need coverage for Auto Liability, we can instruct on the steps to requesting a waiver for this requirement.

CERTIFICATE OF INSURANCE

ISSUE DATE:

PRODUCER:

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 OTHER COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A

COMPANY LETTER B

INSURED:

COMPANY LETTER C

COMPANY LETTER D

COVERAGES AND LIMITS

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.

CO. LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXP. DATE	DESCRIPTION	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMM. GENERAL LIAB. <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACT'S PROT <input type="checkbox"/> _____				GENERAL AGGREGATE PROD-COMP/OP AGG. PERS & ADV. INJURY EACH OCCURRENCE FIRE DAMAGE (One Fire) MEDICAL EXPENSE (One Per)	\$2 million \$1 million \$1 million \$1 million
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> _____				COMBINED SINGLE LIMIT BODILY INJURY (Per Person) BODILY INJURY (Per Accident) PROPERTY DAMAGE	\$1 million
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE AGGREGATE	
	WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY				<input checked="" type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT DISEASE - POLICY LIMIT DISEASE - EACH EMPLOYEE	\$1 million \$1 million \$1 million
	OTHER INSURANCE					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

- (1) Additional Insureds: City and County of San Francisco, its officers, employees and agents. (Endorsement required)
- (2) Liability insurance is primary and applies separately to each insured, except with respect to limits of liability. (Endorsement required)
- (3) Endorsement must be attached with the Certificate.

NAME AND ADDRESS OF CERTIFICATE HOLDER:

City and County of San Francisco
 San Francisco Film Commission
 City Hall, Room 473
 1 Dr. Carlton B. Goodlett Place
 San Francisco, CA 94102

CANCELLATION:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

(See contract requirements for any changes to this Section.)

AUTHORIZED REPRESENTATIVE:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED 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):	Location(s) Of Covered Operations
The City and County of San Francisco, its officers, agents and employees	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. 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:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

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

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name of Person(s) or Organization(s):

the City and County of San Francisco, its Officers, Agents, and Employees

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in Section II of the Coverage Form.

This endorsement is executed by the company designated below

Effective Date: Expiration Date: .
For attachment to Policy No. .

Issued to