INSURANCE REQUIREMENTS FOR FILM PERMITS

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

The amount of insurance required will depend on the activity. At a minimum, we need a certificate of insurance and endorsements showing:

- **General Liability**
  - $1,000,000 Each Occurrence/$2,000,000 Aggregate
  - Additional Insured Endorsement Page
- **Auto Liability**
  - $1,000,000 Combined Single Limit
  - Additional Insured Endorsement Page
- **Workers’ Compensation**
  - Statutory Limits
  - Employer’s Liability not less than $1,000,000 each accident, injury or illness
  - Waiver of Subrogation Endorsement Page

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

The certificate must be signed by an authorized representative.

Please note, if your Worker’s Compensation is issued separately, the Worker’s Compensation Certificate Holder section must also state the above language. We need an Alternate Employment Endorsement if the name insured on the COI is the payroll company.

For both the General Liability and Auto Liability, we require endorsements naming “The City & County of San Francisco, its officers, agents and employees as additional insureds.”

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 reference the forms # on the COI.

**EXCEPTIONS & WAIVERS:**

- NO waivers for General Liability will be granted. Evidence that the City will be insured for general liability must be submitted.
- Auto Liability waivers may be granted only if no automobiles will be used.
- Workers’ Compensation waivers may be granted if you do not have any employees, employees are not doing any work on city property and/or you are not legally required to carry Workers’ Compensation coverage.
- A waiver request must be approved internally by our Risk Management department. Make sure to allow at least 3 business days for this process.
# Certificate of Insurance

**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

<table>
<thead>
<tr>
<th>Company Letter</th>
<th>Company Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
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<tr>
<td>B</td>
<td></td>
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<tr>
<td>C</td>
<td></td>
</tr>
<tr>
<td>D</td>
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</tbody>
</table>

## Insured:

- Company Letter A
- Company Letter B
- 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.

<table>
<thead>
<tr>
<th>CO. LTR</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY BEG. DATE</th>
<th>POLICY EXP. DATE</th>
<th>LIMITS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>GENERAL LIABILITY</strong></td>
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<tr>
<td>X</td>
<td>COMM. GENERAL LIAB.</td>
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<td>CLAIMS MADE</td>
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<td>OCCURRENCE</td>
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<td><strong>AUTOMOBILE LIABILITY</strong></td>
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<td>ANY AUTO</td>
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<td>ALL OWNED AUTOS</td>
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<td>SCHEDULED AUTOS</td>
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<td>HIRED AUTOS</td>
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<td>NON-OWNED AUTOS</td>
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<td>GARAGE LIABILITY</td>
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<td><strong>EXCESS LIABILITY</strong></td>
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<td>UMBRELLA FORM</td>
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<td><strong>WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY</strong></td>
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<tr>
<td>X</td>
<td>STATUTORY LIMITS</td>
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<td>EACH ACCIDENT</td>
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<td>DISEASE - POLICY LIMIT</td>
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<td>DISEASE - EACH EMPLOYEE</td>
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<td><strong>OTHER INSURANCE</strong></td>
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</tbody>
</table>

## 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 therefor, 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:

P-607 (7-03)
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

<table>
<thead>
<tr>
<th>Name Of Additional Insured Person(s) Or Organization(s):</th>
<th>Location(s) Of Covered Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>The City and County of San Francisco, its officers, agents and employees</td>
<td></td>
</tr>
</tbody>
</table>

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:

CA 20 48 02 99

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Page 1 of 1
WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY
WC 04 03 06 (Ed. 4-84)

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT—
CALIFORNIA

This endorsement changes the policy to which it is attached effective on the inception date of the policy unless a
different date is indicated below.
(The following "attaching clause" need be completed only when this endorsement is issued subsequent to preparation of the policy.)

This endorsement, effective on ____________________________ at 12:01 A.M. standard time, forms a part of
Policy No. _____________________________________________
Endorsement No. 1

of the
_____________________________________________________
NAME OF INSURANCE COMPANY

issued to

_____________________________________________________
AUTHORIZED REPRESENTATIVE

Premium (if any) $ ______ Incl

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not
enforce our right against the person or organization named in the Schedule. (This agreement applies only to the
extent that you perform work under a written contract that requires you to obtain this agreement from us.)
You must maintain payroll records accurately segregating the remuneration of your employees while engaged in
the work described in the Schedule.

The additional premium for this endorsement shall be added to the rate of the California workers' compensation pre-
mium otherwise due on such remuneration.

<table>
<thead>
<tr>
<th>Person or Organization</th>
<th>Job Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>The City and County of San Francisco</td>
<td></td>
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<tr>
<td>San Francisco Police Commission</td>
<td></td>
</tr>
<tr>
<td>City Hall Room 473, San Francisco, CA 94102</td>
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</tbody>
</table>
ALTERNATE EMPLOYER ENDORSEMENT

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share losses as a result of this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without giving notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

1. Alternate Employer
   An alternate employer with whom you have a written contract that requires this policy to apply as though the alternate employer is an Insured.

2. State of Special or Temporary Employment
   All states listed in Item 3.A. of the Information Page.

3. Contract or Project
   All or Any

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: Policy No.: Endorsement No. 1
Insured: Premium $

Insurance Company: American Zurich Insurance Co. Countersigned by

WC 269 (2-89)
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