

## **INSURANCE REQUIREMENTS**

1. A certificate of comprehensive liability insurance must be on file with the city before any film permit is issued. This certificate must contain an endorsement naming the City as an additional insured with the permittee. PLEASE USE THIS ADDRESS FOR CITY:

City of South Pasadena  
1414 Mission Street  
South Pasadena, CA 91030

2. Minimum coverage acceptable to the City shall be one million dollars (\$1,000,000) each occurrence for bodily injury liability and two hundred fifty thousand dollars (\$250,000) property damage.
3. The certificate of insurance shall provide that thirty (30) days written notice shall be given by registered mail to the Director of Finance prior to cancellation of the policy or reduction of coverage or amount.
4. The certificate of insurance shall be effective for a period inclusive of all actual filming days. Dressing the set and strike time shall be considered as part of the period of filming with respect to insurance requirements. Applicants that intend to film frequently in the City may submit "blanket-type" coverage having the same effective dates as the master policy.
5. The permittee shall conform to all applicable federal and state requirements for workers' compensation insurance for all persons operating under the permit and shall provide proof of such insurance. Any City personnel hired by the film company, as an independent contractor shall be covered under the film company's workers' compensation insurance policy.

7/30/2021

POLICY NUMER: SPP421356201  
INSURED:

COMMERCIAL GENERAL LIABILITY  
BP 86 41  
(ED 11 06)

10/2/2020

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

SAFEPAK® BUSINESS OWNERS POLICY SPECIAL FORM  
PART TWO - SAFEPAK® LIABILITY COVERAGE FORM

### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
CITY OF SOUTH PASADENA 1414 MISSION STREET SOUTH PASADENA CA 91030
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**PART TWO - SAFEPAK LIABILITY COVERAGE FORM, C. 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.

# SAMPLE ENDDORSEMENT