

1. **Certificate of Insurance Form :**
 - Minimum requirements are: \$1,000,000 General Liability, \$100,000 Auto Coverage, and statutory limits for Worker's Compensation.
 - Cancellation Clause: **Must be amended to read exactly as follows:** "SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT."
2. Endorsement Form as required by the City's Risk Manager.
3. Workers' Compensation coverage with a Waiver of Subrogation.

INSURANCE REQUIREMENTS (See Examples)

It is recommended the film company contact the Risk Manager to ensure that the insurance requirements are met.

SAMPLE

Reproduction of Insurance Services Office, Inc. Form

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

ISSUE DATE:

THIS ENDORSEMENT CHANGES THE POLICY
PLEASE READ IT CAREFULLY

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
SCHEDULE

Name of Person or Organization:

**THE CITY OF EL SEGUNDO, ITS OFFICERS, OFFICIALS, EMPLOYEES,
AGENTS & VOLUNTEERS**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement).

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

This insurance will be deemed "primary" such that any other insurance that may be carried by City of El Segundo will be excess thereto. This insurance will be on an "occurrence", not a "claims made," basis or equivalent.

It is agreed that this insurance will not be canceled, not renewed or the limits of coverage in any way reduced without at least (30) days advance written notice ten (10) days for non-payment of premium sent by certified mail, return receipt requested to:

**CITY OF EL SEGUNDO CITY CLERK
ATTN: BUSINESS SERVICES DIVISION
350 MAIN ST., ROOM 5
EL SEGUNDO, CA 90245-3813**

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/29/24

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 have ADDITIONAL INSURED provisions or 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 [REDACTED] CA License: [REDACTED]	CONTACT NAME: [REDACTED]	PHONE (A/C, No, Ext): [REDACTED]	PHONE (A/C, No, Ext): [REDACTED]
	ADDRESS: E-MAIL: daniel.rblbo@ajg.com		
INSURED [REDACTED]	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: [REDACTED]	[REDACTED]	[REDACTED]
	INSURER B: [REDACTED]	[REDACTED]	[REDACTED]
	INSURER C: [REDACTED]	[REDACTED]	[REDACTED]
INSURER D: [REDACTED]		[REDACTED]	[REDACTED]

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X		[REDACTED]	7/01/23	7/01/24	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$1,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> AUTO PHYSICAL DAMAGE	X		[REDACTED]	7/01/23	7/01/24	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTO PHYSICAL DAMAGE INCLUDED IN M.E.
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION			[REDACTED]	7/01/23	7/01/24	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	[REDACTED] EVIDENCE ONLY	7/01/23	7/01/24	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	THIRD PARTY PROPERTY DAMAGE MISCELLANEOUS EQUIPMENT PROPS/SETS WARDROBE HIRED AUTO PHYSICAL DAMAGE			[REDACTED]	7/01/23	7/01/24	LIMIT: \$1,000,000 DED: \$5,000 LIMIT: \$1,000,000/\$150,000 DED: \$3,500 LIMIT: \$100,000 DED: \$3,500 DEDUCTIBLE 10% - OF LOSS SUBJECT TO A \$3,500 MIN / \$7,500 MAX LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THE CITY OF EL SEGUNDO, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS & VOLUNTEERS ARE INCLUDED AS ADDITIONAL INSURED BUT ONLY AS RESPECTS CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE NAMED INSURED. GENERAL LIABILITY COVERAGE IS PRIMARY. THIS CERTIFICATE IS ONLY VALID IF ACCOMPANIED BY A LETTER OF AUTHORIZATION FROM THE LOYOLA MARYMOUNT UNIVERSITY OFFICE OF RISK MANAGEMENT. CERTIFICATE HOLDER WILL RECEIVE THIRTY (30) DAYS WRITTEN NOTICE IN THE EVENT OF CANCELLATION, NON RENEWED OR REDUCTION.

CERTIFICATE HOLDER CITY OF EL SEGUNDO CITY CLERK ATTN: BUSINESS SERVICES DIVISION 350 MAIN STREET, ROOM 5 EL SEGUNDO, CA 90245	CANCELLATION 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 [REDACTED]

POLICY NUMBER: [REDACTED]

COMMERCIAL GENERAL LIABILITY [REDACTED]

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)

THE CITY OF EL SEGUNDO, ITS OFFICERS, OFFICIALS, EMPLOYEES, AGENTS & VOLUNTEERS

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 claims 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.

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