

INSURANCE REQUIREMENTS FOR FILM PRODUCTIONS



We must receive all proof on insurance via email prior to the issuance of a film use agreement.

The Company / Contractor name provided for the film use agreement application must be the same as the named insured on your policy.

Make sure to send all proof on insurance 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 (COI) showing:

General Liability

- \$1,000,000 Each Occurrence
- \$2,000,000 General Aggregate
- Evidence of Additional Insured status

Auto Liability

- \$1,000,000 Combined Single Limit
- Evidence of Additional Insured status

Workers' Compensation

- Statutory Limits
- Employer's Liability not less than \$1,000,000 each accident, injury or illness
- Evidence of Waiver of Subrogation

Description of Operations

- We require to evidence that **"The City and County of San Francisco, The Port of San Francisco and each of their officers, directors, agents and employees are named as additional insured per contract and subrogation is waived for worker's compensation"**.
- If workers' compensation is issued by a payroll company, name the company/contractor in the Description of Operations.

The Certificate Holder

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.

ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)														
<p>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.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).</p>																		
PRODUCER Sample Insurance Agent, Broker or Producer Name & Address		CONTACT NAME: Insurance Agent, Broker or Producer name & contact info PHONE (A/C No. Ext): _____ FAX (A/C No.): _____ E-MAIL ADDRESS: _____																
INSURED Supplier or Contractor Name & Address		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Sample GL Insurance Co</td> <td></td> </tr> <tr> <td>INSURER B: Sample Auto Insurance Co</td> <td></td> </tr> <tr> <td>INSURER C: Sample XS or Umbrella #123</td> <td></td> </tr> <tr> <td>INSURER D: Sample WC #123</td> <td></td> </tr> <tr> <td>INSURER E: Sample Other #123</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Sample GL Insurance Co		INSURER B: Sample Auto Insurance Co		INSURER C: Sample XS or Umbrella #123		INSURER D: Sample WC #123		INSURER E: Sample Other #123		INSURER F:	
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<p>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.</p>																		
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY)	LIMITS													
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Sample GL #123		EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG. \$ \$													
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Sample Auto #123		COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$													
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____	Y	Sample XS or Umbrella #123		EACH OCCURRENCE \$ AGGREGATE \$ \$													
D	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 Y	Sample WC #123		<input checked="" type="checkbox"/> WC STATE TOILET LIMITS \$ 1,000,000 E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$													
E	Any other insurance can be listed here or on a separate page.		Sample Other #123															
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) The City and County of San Francisco, The Port of San Francisco and each of their officers, directors, agents and employees are named as additional insured per contract and subrogation is waived for workers' compensation. Waiver of subrogation applies to Workers' Compensation for [Supplier / Contractor].																		
CERTIFICATE HOLDER			CANCELLATION															
The City and County of San Francisco San Francisco Film Commission City Hall Room 473, San Francisco, CA 94102			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 (e-sign OK)															
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Exceptions & Waivers:

- No waivers for General Liability will be granted.
- Auto liability can be waived if no automobiles are used during the production, and if you're taking public transportation, taxi, or a ride-share service to/from the location.
- Workers' Compensation waivers may be granted if everyone is an independent contractor and production does not have any employees working on city property, and/or you are not legally required to carry Workers' Compensation coverage.