

# INSURANCE DOCUMENT INSTRUCTIONS FOR FILM PERMIT APPLICANTS IN VENTURA COUNTY

***If your production includes Special Effects or Other Unusual Filming Activities, PLEASE ensure that your insurance forms provide these details***

## **I. Applicants must provide the following insurance documents for all productions filming in the unincorporated areas of Ventura County:**

- Certificate of Liability Insurance (ACCORD 25 (2001/08))
- Waiver of Transfer Rights of Recovery Against Others (CG24-04)
- Additional Insured- Designated Person or Organization (CG20-26)
- Additional Insured State or Political Subdivisions- Permits (CG20-12)
- Waiver of Right to Recover from Others Endorsement- California Workers' Compensation and Employers' Liability Insurance Policy (WC252)

**The Certificate Holder is the:**  
**County of Ventura, RMA Planning Division**  
**800 S. Victoria Ave. #1740**  
**Ventura, CA. 93009**

## **II. USE of FORMS**

- If your General Liability policy has a "general aggregate limit" of \$1,000,000, this will meet the required minimum "general aggregate limit" of \$2,000,000 with inclusion of \$1,000,000 under the Excess Liability coverage of the Certificate of Liability Insurance (ACCORD 25) form.
- If you have company owned autos which will be used during filming, check the "All Owned Autos" box under the Automobile Liability coverage section of the Certificate of Liability Insurance (ACCORD 25) form.
- If you are utilizing an employment agency to provide some or all of your filming crew, also attach a Certificate of Liability Insurance (ACCORD 25) form.
- If you have NO employees, do not fill out the Workers' Compensation coverage section of the Certificate of Liability Insurance (ACCORD 25) form OR the Waiver of Right to Recover from Others Endorsement- California Workers' Compensation and Employers' Liability Insurance Policy (WC252)
- If your Insurance Company uses its own form instead of the Additional Insured State or Political Subdivisions- Permits (CG20-12) form, their form MUST include the exact wording as shown the Additional Insured State or Political Subdivisions- Permits form.



## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF TRANSFER RIGHTS OF RECOVERY AGAINST OTHERS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART,  
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART

### **SCHEDULE**

**Name of Person or Organization:**

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

We waive any right of recovery we may have against the person or organization shown in the Schedule because of payments we make for injury or damage arising out of "your work" done under a contract with that person or organization. The waiver applies only to the person or organization shown in the Schedule.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

**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 Person or Organization:**

(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 as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.



**WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY**

**WC 252  
(4-84)**

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  
(DATE)

Policy No. \_\_\_\_\_ of the \_\_\_\_\_  
(NAME OF INSURANCE COMPANY)

Issued to \_\_\_\_\_

Endorsement No. \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

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 \_\_\_\_\_% of the California workers' compensation premium otherwise due on such remuneration.

<b>Person or Organization</b>	<b>Schedule</b>	<b>Job Description</b>
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