



FILM INSURANCE CERTIFICATE REQUIREMENTS FOR THE ANGELES NATIONAL FOREST

		CERTIFICATE OF LIABILITY INSURANCE			DATE (MM/DD/YYYY)	
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 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 INSURANCE AGENT NAME & ADDRESS			CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID #:		FAX (A/C, No):	
INSURED INSURED NAME & ADDRESS			INSURER(S) AFFORDING COVERAGE INSURER A : INSURANCE COMPANY NAME(S) INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		NAIC #	
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 AGREEMENT 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	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY PERIOD	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			POLICY NUMBER	POLICY PERIOD	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PO/ AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU-TORY LIMITS IOTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) IT IS UNDERSTOOD AND AGREED THAT THE UNITED STATES OF AMERICA, ANGELES NATIONAL FOREST, US DEPARTMENT OF AGRICULTURE, IS ADDITIONALLY INSURED SOLELY AS RESPECTS LIABILITY ARISING FROM OPERATIONS OF THE NAMED INSURED.						
CERTIFICATE HOLDER US Government, USDA, Forest Service 701 N. Santa Anita Ave. Arcadia, CA, 91006			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			
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ACORD 25 (2009/09)		The ACORD name and logo are registered marks of ACORD				

COVERAGES

- Commercial General Liability
- *Acord 25* (2009/09) form must be used.

MINIMUM LIMITS

- \$1,000,000 per occurrence.

ADDITIONAL INSURED

- US Government
- United States Department of Agriculture
- Angeles National Forest Service
- Additional insured endorsement must be attached to certificate upon submission. (See page 2 for sample.)

1) **Description of Operations:** "It is understood and agreed that the United States of America, Angeles National Forest, US Department of Agriculture, is additionally insured solely as respects liability arising from operations of the named insured."

2) **Certificate Holder:** US Government, USDA, Forest Service , 701 N. Santa Anita Ave., Arcadia, CA 91006.

Please submit certificate to Amy Soule at: info@filmla.com.

For any additional questions, please contact our office at (213) 977-8600.

ADDITIONAL INSURED ENDORSEMENT FORM FOR THE ANGELES NATIONAL FOREST



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:

It is understood and agreed that the United States of America, Angeles National Forest, US Department of Agriculture, is additionally insured solely as respects liability arising from operations of the named insured.

US Government
USDA Forest Service
701 N. Santa Anita Ave.
Arcadia, CA 91006

(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) 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.

ADDITIONAL INSURED

“It is understood and agreed that the United States of America, Angeles National Forest, US Department of Agriculture, is additionally insured solely as respects liability arising from operations of the named insured.

Please submit your completed Additional Insured Endorsement Form with your Certificate of Liability.

For any additional questions, please contact our office at (213) 977-8600.