



FILM INSURANCE CERTIFICATE REQUIREMENTS FOR THE ANGELES NATIONAL FOREST

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		CONTACT NAME:			
INSURANCE AGENT NAME & ADDRESS		PHONE (A/C, No, Ext):		FAX (A/C, No):	
		E-MAIL ADDRESS:			
		PRODUCER CUSTOMER ID #:			
INSURED		INSURER(S) AFFORDING COVERAGE		NAIC #	
INSURED NAME & ADDRESS		INSURER A: INSURANCE COMPANY NAME(S)			
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
		INSURER F:			
COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:	
<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	ADOL SUBR INSR WARD	POLICY NUMBER	POLICY PERIOD	LIMITS
	GENERAL LIABILITY				
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR				DAMAGE TO RENTED PREMISES (Ea occurrence) \$
					MED EXP (Any one person) \$
					PERSONAL & ADV INJURY \$
					GENERAL AGGREGATE \$
					PRODUCTS - COMPIOP AGG \$
					\$
	GENT. AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> NON-OWNED AUTOS				\$
					\$
	UMBRELLA LIAB				EACH OCCURRENCE \$
	EXCESS LIAB				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)				WC STATU-TORY LIMITS
	If yes, describe under DESCRIPTION OF OPERATIONS below				OTH-ER
					E.L. EACH ACCIDENT \$
					E.L. DISEASE - EA EMPLOYEE \$
					E.L. DISEASE - POLICY LIMIT \$
<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)</p> <p>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.</p>					
CERTIFICATE HOLDER			CANCELLATION		
United States of America, USDA Forest Service Angeles National Forest 701 N. Santa Anita Ave. Arcadia, CA, 91006			<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>		
			AUTHORIZED REPRESENTATIVE		
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ACORD 25 (2009/09)		The ACORD name and logo are registered marks of ACORD			

COVERAGE

Commercial General Liability

MINIMUM LIMITS

\$1,000,000 per occurrence
\$5,000,000 per occurrence for helicopter / plane

ADDITIONAL INSURED

United States of America
USDA Forest Service
701 N. Santa Anita Ave.
Arcadia, CA 91106
Additional insured endorsement must be attached to certificate upon submission (See page 2 for sample.)

- 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 from operations of the named insured.
- Certificate Holder:** United States of America, USDA Forest Service, Angeles National Forest, 701 N. Santa Anita Ave., Arcadia, CA, 91006.

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.

United States Government
USDA Forest Service
Angeles National Forest
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 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.

ADDITIONAL INSURED

It is understood and agreed that the United States Government, USDA Forest Service is additionally insured solely in respect to liability arising from operations of the named insured.

United States of America
USDA Forest Service
Angeles National Forest
701 N. Santa Anita Ave.
Arcadia, CA 91006

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