


PRODUCTION/FILM INSURANCE CERTIFICATE REQUIREMENTS

For Clark County School District



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).

<small>PRODUCER</small> INSURANCE AGENT NAME & ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><small>CONTACT NAME</small></td> </tr> <tr> <td><small>PHONE (A/C No., Ext.)</small></td> <td><small>FAX (A/C No.)</small></td> </tr> <tr> <td colspan="2"><small>E-MAIL ADDRESS</small></td> </tr> <tr> <td colspan="2" style="text-align: center;"><small>INSURER(S) AFFORDING COVERAGE</small></td> </tr> <tr> <td><small>INSURER A</small></td> <td><small>INSURANCE COMPANY NAME(S)</small></td> </tr> <tr> <td><small>INSURER B</small></td> <td></td> </tr> <tr> <td><small>INSURER C</small></td> <td></td> </tr> <tr> <td><small>INSURER D</small></td> <td></td> </tr> <tr> <td><small>INSURER E</small></td> <td></td> </tr> <tr> <td><small>INSURER F</small></td> <td></td> </tr> </table>	<small>CONTACT NAME</small>		<small>PHONE (A/C No., Ext.)</small>	<small>FAX (A/C No.)</small>	<small>E-MAIL ADDRESS</small>		<small>INSURER(S) AFFORDING COVERAGE</small>		<small>INSURER A</small>	<small>INSURANCE COMPANY NAME(S)</small>	<small>INSURER B</small>		<small>INSURER C</small>		<small>INSURER D</small>		<small>INSURER E</small>		<small>INSURER F</small>	
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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.

INSURER	TYPE OF INSURANCE	ADDL. SUBR. INSR. POLY.	POLICY NUMBER	POLICY PERIOD	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN. AGGREGATE LIMIT APPL. ES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC.		POLICY NUMBER	CURRENT POLICY PERIOD	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ex. accidental) \$ MED EXP (Any one person) \$ PERSONAL & ADV. INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG. \$ 3,000,000 FIRE DAMAGE \$ 100,000
	AUTOMOBILE LIABILITY <input checked="" 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 UMBRELLA LIAB. <input type="checkbox"/> OCCUR EXCESS LIAB. <input type="checkbox"/> CLAIMS-MADE DFD <input type="checkbox"/> RETENTION \$		POLICY NUMBER	CURRENT POLICY PERIOD	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS. Y/N N/A		POLICY NUMBER	CURRENT POLICY PERIOD	WC STAT. TORY LIMITS DTH. FE. F. I. EACH ACCIDENT \$ 1,000,000 F. I. DISEASE - EA EMPLOYEE \$ 1,000,000 F. I. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate Holder is Additional Insured as per CG2026 (07/04). Waiver of Subrogation applies to Workers Compensation as per WC0003.

CERTIFICATE HOLDER Los Angeles Unified School District & Board of Education Leasing & Asset Management Unit 333 South Beaudry Avenue, 23rd Floor Los Angeles, CA 90017	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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COVERAGES

- Commercial General Liability
- Auto Liability
- Proof of Workers Compensation

MINIMUM LIMITS

\$1,000,000 per occurrence
 \$2,000,000 general aggregate

ADDITIONAL INSURED

“Clark County School District as Additional Insured”

Additional Insured endorsement page required must be attached to certificate.

WAIVER OF SUBROGATION

Waiver of Subrogation clause required in favor of CCSD and must be attached to certificate as part of Workers Compensation Policy.

INSURANCE COMPANY

Licensed to do business in NV.

**ADDITIONAL INSURED ENDORSEMENT FOR
FOR
Clark County School District**

Description of Operations: Clark County School District added as additional insured.
All said insurance shall be primary and noncontributing.

Certificate Holder: Clark County School District – Risk & Environmental Service
4828 S Pearl St
Las Vegas NV 89117

POLICY NUMBER: **POLICY # REQUIRED**

**COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04**

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)

Clark County School District 4828 S Pearl St Las Vegas NV 89121

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured shall include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or 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.

ADDITIONAL INSURED

Clark County School
District

**Endorsement Policy
Number must match COI
General Liability Number.**