

**FILM/PHOTOGRAPHY PERMIT APPLICATION**

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Lead Contact:	Project Name:
Project Company:	Film Dates:
Production Company:	Prep/Strike Dates:
Address:	Production Type:
	<input type="checkbox"/> Film <input type="checkbox"/> Still <input type="checkbox"/> Video
Contact Numbers: Office: Cell: E-Mail:	Classification:
	<input type="checkbox"/> Commercial <input type="checkbox"/> TV <input type="checkbox"/> Feature <input type="checkbox"/> Documentary <input type="checkbox"/> School Project <input type="checkbox"/> Other
	FAX:

General Location(s):

Specific Site:

Activity:

Number of Crew :

Number of Cast Members:

Vehicles: (Types)

Number of vehicles:

Day 1 Hours

From:

To:

Day 2 Hours:

From:

To:

Permitee hereby agrees to ensure compliance with the conditions of the permit, including provisions and any attachments, agrees to obtain prior city approval for deviations from the information provided herein, and understands that failure to comply with these requirements may result in the immediate cancellation of production.

Applicant

Date

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Special Requirements/Equipment/Parking

Location Manager: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Portable/Pager: \_\_\_\_\_

Ass't Location Manager: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Portable/Pager: \_\_\_\_\_

Parking Requirements: \_\_\_\_\_

\_\_\_\_\_

Equipment to be used (list): \_\_\_\_\_

Services Required: \_\_\_\_\_  Food  Hotel

Stunts/Special effects: \_\_\_\_\_

\_\_\_\_\_

Pyrotechnics: \_\_\_\_\_

\_\_\_\_\_

Hazardous material to be used: \_\_\_\_\_

Pyrotechnician: \_\_\_\_\_ License #: \_\_\_\_\_

Aerial stunts/elements: \_\_\_\_\_

Wild animals to be used: \_\_\_\_\_

Traffic Control: Describe your plan for controlling traffic, (i.e. personnel and/or devices autos, bikes, pedestrians):

\_\_\_\_\_

\_\_\_\_\_

Other unusual activities: \_\_\_\_\_

Traffic: Please submit a site plan showing location(s) of shoot, cast, crew, vehicle(s) and route to be traveled in order to film a scene.

**PROVISIONS**

Permittee waives all claims against the City, its officers, agents and employees, for loss or damage caused by, arising out of, or in any way connected with, the exercise of this permit and permittee agrees to save harmless, indemnify and defend City, its officers, agents and employees, from any and all loss, damage or liability which may be suffered or incurred by City, its officers, agents and employees caused by, arising out of or in any way connected with exercise by permittee of the rights hereby granted, except those arising out of the sole negligence of the City.

City shall have the privilege of inspecting the premises covered by this permit at any and all times. This permit shall not be assigned. City may terminate this permit at any time if permittee fails to perform any covenant herein contained at the time and in the manner herein provided. City agrees it will not unreasonably exercise this right of termination.

The parties hereto agree that the permittee, its officers, agents and employees, in the performance of this permit shall act in an independent capacity and not as officers, employees or agents of the City. No alteration or variation of the terms of this permit shall be valid unless made in writing and signed by the parties hereto.

Permittee will not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, sexual orientation, age, national origin or physical handicap. Permittee agrees to comply with the terms and conditions contained herein and all rules and regulations of the City subject to this permit.

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**Date**

**Applicant's Signature**

**Title**

**PERMIT MUST BE KEPT ON LOCATION AT ALL TIMES**

## EXHIBIT B

### INSURANCE REQUIREMENTS FOR CONTRACTORS, AND PERMITTEES

**PLEASE GIVE THESE INSURANCE REQUIREMENTS TO YOUR INSURANCE AGENT**

#### Minimum Limits of Insurance

City Council Resolution 2007-3 requires submittal of certificates of insurance evidencing the following minimum limits with a California admitted carrier with a current A.M. Best's Rating of no less than A:VII:

1. General Liability: \$1,000,000 per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit. "Claims made" designation is only acceptable for professional or pollution liability insurance.

The City of Huntington Beach, its officers, elected or appointed officials, employees, agents and volunteers must be named as certificate holder and as additional insured by separate attached endorsement. (This wording must be exact.)

2. Workers' Compensation and Employer's Liability: State statutory limits of \$250,000 bodily injury by disease, policy limit, and \$100,000 bodily injury each employee for accident or disease per occurrence. If you have no employees, you must sign a Declaration of Non-employee Status form available from the City. In lieu of a certificate of insurance, a certificate of consent to self-insure issued by the California Director of Industrial Relations is also acceptable.
3. Automobile liability of \$1,000,000 per occurrence for bodily injury, personal injury and property damages. The City of Huntington Beach, its officers, elected or appointed officials, employees, agents and volunteers must be named as certificate holder and as additional insured by separate attached endorsement. (This wording must be exact).

#### Deductibles, Self-Insured Retentions, or Similar Forms of Coverage Limitations or Modifications

Any deductibles, self-insured retentions or similar forms of coverage limitations or modifications, must be declared to and approved by the City of Huntington Beach.

#### Subcontractors

Contractor shall include all subcontractors as insured under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.

#### Description of Work to be Performed

The staff contact and purpose of the evidence of coverage must be identified.

CITY OF HUNTINGTON BEACH

2000 Main Street, Huntington Beach, CA 92648

## Declaration of Non-Employer Status

In order to comply with the City Council Resolution No. 6277, you are required to provide proof of Workers' Compensation Insurance. If you have no employees, this form must be signed and returned to:

City of Huntington Beach  
Risk Management Division  
2000 Main Street  
Huntington Beach, CA 92648

**I certify that in the performance of the activity or work for which this permit is issued, I shall not employ any person in any manner so as to become subject to California Workers' Compensation Insurance requirements.**

**I authorize the City of Huntington Beach to immediately and retroactively revoke the license or permit issued under this declaration if I hire any employee(s) or become subject to the provision of the laws requiring Workers' Compensation Insurance.**

Applicant/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Location Signed: \_\_\_\_\_

Telephone Number: \_\_\_\_\_



City of Huntington Beach  
2000 Main Street  
Huntington Beach CA 92648

I certify that no vehicle(s) will be used or operated in the performance of the task(s) or event(s) for which this permit is granted.

I authorize the City of Huntington Beach to immediately and retroactively revoke the license or permit issued in connection with or in the performance of said task(s) or event(s) if any vehicle(s) is used.

Signature of Permittee \_\_\_\_\_

Print Name \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Date Signed \_\_\_\_\_