

# City of Cypress

## Film Permit Requirements

### Application Fee:

See Master Fee Schedule

Note: The applicant may be subjected to a Faithful Performance Bond to ensure clean up and restoration of the site.

### Other Possible Fees:

Orange County Fire Authority  
Contact Sr. Fire Safety Specialist  
Ruben Colmenares  
(714) 573-6116  
Cypress Police Department  
Contact Sergeant Pinvidic  
(714) 229-6624

### Processing Period:

5 business days

Note: If any activity interferes with traffic or involves potential public safety hazards, an application may be required at least ten (10) working days in advance.

### Required Documentation:

- ***Proof of Insurance*** stating the City of Cypress as additionally insured in the amount of \$1,000,000.00.
- ***Proof of General Liability and Automobile Insurance*** in the amount of \$1,000,000.00.
- ***Proof of Worker's Compensation.***

***For further information, please call the Community Development Department Film Liaison at (714) 229-6720***

**ORDINANCE 963  
 SECTION 15G-3**

**Film Permit Number**

COMPANY		FILM DATES	
ADDRESS		FILM HOURS	
		PRODUCTION TYPE <input type="checkbox"/> STILL <input type="checkbox"/> FILM <input type="checkbox"/> VIDEO <input type="checkbox"/> MULTIMEDIA	
		CLASSIFICATION <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INDUSTRIAL <input type="checkbox"/> MULTIMEDIA <input type="checkbox"/> TV <input type="checkbox"/> DOCUMENTARY <input type="checkbox"/> FEATURE <input type="checkbox"/> SHORT	
CONTACT		INSURANCE CARRIER	
TITLE			
PHONE		POLICY #	EXP. DATE
FAX		ROOM NIGHTS	TOTAL PERSONNEL
ALT. CONTACT	PHONE / FAX	ESTIMATED EXPENDITURES \$	
LOCATION(S)			
PROPERTY OWNER			
ADDRESS			
PHONE		FAX	
PROPERTY OWNER SIGNATURE			
DESCRIBE ACTIVITIES			
PARKING REQUIREMENTS			
SPECIAL EFFECTS / ANIMALS		SHOT IN ORANGE COUNTY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IN CYPRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO
REFERRED BY		PRODUCTION NAME(S)	
CITY / COUNTY			

**APPLICANT SIGNATURE** \_\_\_\_\_ **TITLE** \_\_\_\_\_

**APPROVALS**

<input type="checkbox"/> APPLICATION RECEIVED	<input type="checkbox"/> RISK MANAGEMENT
<input type="checkbox"/> POLICE DEPARTMENT	<input type="checkbox"/> BUILDING DIVISION
<input type="checkbox"/> PLANNING DIVISION	<input type="checkbox"/> FIRE AUTHORITY
<input type="checkbox"/> FINANCE DEPARTMENT	<input type="checkbox"/> CODE ENFORCEMENT

## CITY OF CYPRESS/CYPRESS RECREATION AND PARK DISTRICT COMMERCIAL GENERAL LIABILITY INSURANCE REQUIREMENTS

The approved organization shall secure and maintain in full force and effect at all times during the duration of the event, and in connection with the exercise of rights and privileges hereunder, public liability, auto and property damage insurance. A current certificate of insurance and endorsement conforming to these requirements shall be provided by the organization:

1. Commercial General Liability Insurance which affords coverage at least as broad as Insurance Services Office "occurrence" Form CG 0001, with minimum limits of at least \$1,000,000 per each occurrence, and if written with an aggregate, the aggregate shall be double the per occurrence limit. Additionally, general liability for hired auto and non-owned autos with a combined single limit of \$1,000,000 is required.
- 2 The policy or policies of insurance required above shall be endorsed to provide the following:

Additional Insured: The City of Cypress and the Cypress Recreation and Park District, its officials, officers, employees, agents, and volunteers shall be additional insureds with regard to liability and defense of suits or claims arising out of the performance of the Agreement or Permit.

A copy of the original endorsement is required with the policy in order to be in effect.

3. Neither the Policy nor any Endorsement shall be cancelled or materially changed until **thirty (30) days** after receipt by the CITY OF CYPRESS of written notice of such cancellation or change by registered mail, addressed as follows:


The City of Cypress  
5275 Orange Avenue  
Cypress, CA 90630

The policy's cancellation clause shall be amended to read "Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will ~~endeavor to mail 30 days written notice to the certificate holder named to the left. But failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives."~~

4. The policy shall not contain endorsements or provisions limiting coverage for (1) contractual liability; (2) third party action over claims; (3) cross liability exclusion for claims or suites by one insured against another; or (4) restrict coverage to "sole" liability of the organization.
5. Required insurance policies shall not be considered in compliance if they include any limiting provision or endorsement that has not been submitted to the City for approval.
6. Failure to comply with insurance requirements shall result in revocation, suspension or termination of the organization's event on the premises.

# SAMPLE OF CERTIFICATE OF INSURANCE AND ENDORSEMENT

Please note that failure to provide a certificate of insurance and policy endorsement amounts may result in the suspension or termination of your Facility Use Contract.

CERTIFICATE OF INSURANCE				DATE (MM/DD/YY) 00/00/20XX
PRODUCER:  <b>UNIFORM INSURANCE COMPANY</b> P.O. Box 12345 Any city, Any state 12345-6789		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <b>COMPANIES PROVIDING COVERAGE</b> COMPANY A COMPANY B COMPANY C COMPANY D		
INSURED:				
COVERAGES: 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 TERMS, EXCLUSIONS AND CONDITIONS OF BOTH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE x OCCUR <input type="checkbox"/> OWNER & CCNT PROT <input type="checkbox"/> LIABILITY ARISING OUT OF ATHLETIC PARTICIPATION	ABC 1234 567	00/00/20xx	00/00/20xx	PRODUCTS COMP OF AGG \$ 1,000,000 PERSONAL & ADV INJURY \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE \$ 50,000 MEDICAL \$ 5,000 COMBINED SINGLE LIMIT \$ 1,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS DAMAGE LIABILITY <input type="checkbox"/> ANY AUTO	ABC	00/00/20xx	00/00/20xx	BODILY INJURY (Per person) \$ BODILY INJURY (Per inc) \$ PROPERTY DAMAGE \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY \$ EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	ABC123	07/03/2002	07/03/2003	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 2,000,000
WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> STATUTORY LIMITS EACH ACCIDENT \$ DISEASE - POLICY LIMIT \$ DISEASE - EACH EMPLOYEE \$
OTHER				
POSITION OF OPERATIONS/LOCATIONS/SPECIAL ITEMS EVENT: Name of Event DATE: 00/00/20xx Certificate holder: Additional insured for this sanctioned event				
CERTIFICATE HOLDER  <b>CITY OF CYPRESS,                      CYPRESS RECREATION AND PARK DISTRICT                      AND ITS COUNCIL/BOARD,                      EMPLOYEES, OFFICERS AND VOLUNTEERS</b> 5275 ORANGE AVE. CYPRESS, CALIFORNIA 90630			CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES AS CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT  AUTHORIZED REPRESENTATIVE  UNIFORM INSURANCE COMPANY	

**INSURANCE SERVICES OFFICE, INC.  
P.O. BOX 12345  
Any City, Any State 12345-6789  
(555) 555-5555**

POLICY NUMBER: 1234-567

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS -  
SCHEDULED 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 and Schedule of this endorsement.)

WHO IS INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

PRODUCER  
 [REDACTED]  
 [REDACTED]  
 Phone: [REDACTED]

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

### INSURERS AFFORDING COVERAGE

INSURED  
 [REDACTED]  
 [REDACTED]  
 [REDACTED]

- INSURER A: VIGILANT INSURANCE COMPANY (CHUBB)
- INSURER B: FEDERAL INSURANCE COMPANY (CHUBB)
- INSURER C: PACIFIC INDEMNITY COMPANY (CHUBB)
- INSURER D:
- INSURER E:

\*\*REVISED\*\*

### COVERAGES

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, AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EFFECTIVE DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	79461050	5/27/99	5/27/00	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				FIRE DAMAGE (Any One Fire) \$ 50,000
					MED EXP (Any One Person) \$ 5,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$ 1,000,000
<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO	79461050	5/27/99	5/27/00	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
<input checked="" type="checkbox"/> NON-OWNED AUTOS					
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN EA ACC \$
					AUTO ONLY: EA ACC AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
					AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	79461051	5/27/99	5/27/00	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
					E.L. EACH ACCIDENT \$ 100,000
					E.L. DISEASE - EA EMPLOYEE \$ 100,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
A	OTHER MISCELLANEOUS EQUIPMENT-SPECIAL FORM, REPLACEMENT COST, WORLDWIDE	79461049	5/27/99	5/27/00	\$500,000 LIMIT, \$1,500 DED.
	PROPS/SETS/WARDROBE				\$ 50,000 LIMIT, \$ 500 DED.
	THIRD PARTY PROPERTY DAMAGE				\$250,000 LIMIT, \$1,000 DED.

*EXAMPLE*

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 THE CITY OF CYPRESS AND CYPRESS RECREATION AND PARK DISTRICT ARE INCLUDED AS ADDITIONAL INSURED'S ON THE GENERAL LIABILITY POLICY WITH RESPECT TO CLAIMS ARISING OUT OF THE NEGLIGENCE OF THE NAMED INSURED.

### CERTIFICATE HOLDER

### ADDITIONAL INSURED: INSURER LETTER:

CITY OF CYPRESS  
 5275 ORANGE AVENUE  
 CYPRESS, CA 90630

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THE ISSUING INSURER SHALL BE REQUIRED TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, IN ACCORDANCE WITH THE POLICY TERMS.

\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE