



## CITY OF SAN MATEO FILM PERMIT APPLICATION

Date: \_\_\_\_\_

1. Company Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Local Address (production office or hotel): \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Representative and Title: \_\_\_\_\_ Email: \_\_\_\_\_

5. Type of Production:

<input type="checkbox"/> Feature Film	<input type="checkbox"/> Still Photography	<input type="checkbox"/> Video
<input type="checkbox"/> TV Series/Movie/Pilot	<input type="checkbox"/> TV Commercial	<input type="checkbox"/> Industrial
<input type="checkbox"/> Documentary/Educational	<input type="checkbox"/> Other (specify) _____	

6. Title or Product (if applicable): \_\_\_\_\_

7. Days, Dates of Proposed Filming: \_\_\_\_\_

8. Beginning and Ending Hours of Each Shoot Day: \_\_\_\_\_

9. Please describe the extent of your project: \_\_\_\_\_  
\_\_\_\_\_

10. List the locations/street names and cross-street names of proposed filming. \_\_\_\_\_  
\_\_\_\_\_

11. Insurance certificate submitted (see attached requirements):  Yes  No

12. City services requested:

<input type="checkbox"/> Police Department	<input type="checkbox"/> Fire Department
<input type="checkbox"/> Parks & Recreation Department	<input type="checkbox"/> City Facility
<input type="checkbox"/> Public Works Department	<input type="checkbox"/> Other (specify) _____

13. Neighborhood advisory notice required at listed locations: \_\_\_\_\_  
\_\_\_\_\_

**14.** Lane closures required:  Yes  No If yes, attach traffic control plan.

**15.** Street closures required:  Yes  No If yes, attach barricade plan.

**16.** Type of Vehicles and Trucks used for production:

Type of Vehicle(s): Indicate size or length of each (5 tons, 10 tons, step-van, 35 ft., etc.)

<input type="checkbox"/> Camera Truck_____	<input type="checkbox"/> Honeywagon_____
<input type="checkbox"/> Production Van_____	<input type="checkbox"/> Caterer_____
<input type="checkbox"/> Grip/Electric_____	<input type="checkbox"/> Wardrobe_____
<input type="checkbox"/> Generator_____	<input type="checkbox"/> Motor Home_____
<input type="checkbox"/> Effects_____	<input type="checkbox"/> Maxi Van_____
<input type="checkbox"/> Sets Dressing/Props_____	<input type="checkbox"/> Other_____

*The undersigned, as an authorized representative on behalf of the applicant, agrees to meet all conditions required by the City of San Mateo. Any changes in the scope of the event, including but not limited to, expanded or additional use of park areas, special attractions or equipment not specifically approved, or changes in the starting or ending times are grounds for this permit to be revoked immediately. In the event this permit is revoked for failure to meet permit requirements or for implementation of unapproved activities, any fees paid will be forfeited and the applicant will be liable for any costs to the City.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**For office use only:** PD \_\_\_\_ Fire \_\_\_\_ PW \_\_\_\_ P&R \_\_\_\_ CDD \_\_\_\_ Fin \_\_\_\_ DSMA \_\_\_\_

Security Deposit **\$1,000.00**: Check #: \_\_\_\_\_ Date paid: \_\_\_\_\_

Refund to: \_\_\_\_\_

Use Agreement fees per day:

**\$100.00** Videos, Travel, Documentary, Still Photography, Industrial

**\$200.00** Commercials

**\$300.00** Television Series/Movie/Pilot and Feature Films

Check #: \_\_\_\_\_ Date paid: \_\_\_\_\_

*City of San Mateo, 330 W. 20<sup>th</sup> Avenue, San Mateo, CA 94403 Public Works 650/522-7300*

**CITY OF SAN MATEO**  
**DEPARTMENT OF PUBLIC WORKS**  
**330 West 20th Avenue San Mateo, CA 94403 (650) 522-7300**  
**(650) 522-7301 fax**

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**INSURANCE REQUIREMENTS**

**MINIMUM SCOPE OF INSURANCE**

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office (ISO) Form CG 00 01 12 07 covering CGL on an "occurrence" basis, including products-completed operations, personal & advertising injury, with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.

If the contractor maintains higher limits than the minimums shown above, the City requires and shall be entitled to coverage for the higher limits maintained by the contractor.

**Other Insurance Provisions**

The insurance policies are to contain, or be endorsed to contain, the following provisions:

***Additional Insured Status***

**The City, its elected and appointed officials, employees, and agents are to be covered as insureds** on the auto policy for liability arising out of automobiles owned, leased, hired or borrowed by or on behalf of the Contractor; and on the COL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance (at least as broad as ISO Form CG 20 10, 11 85 or both CG 20 10 and CG 20 37 forms if later revisions used).

***Primary Coverage***

For any claims related to this contract, the **Contractor's insurance coverage shall be primary** insurance as respects the City, its elected and appointed officials, employees, and agents. Any insurance or self-insurance maintained by the City, its elected and appointed officials, employees, or agents shall be excess of the Contractor's insurance and shall not contribute with it.

### ***Notice of Cancellation***

Each insurance policy required above shall provide that **coverage shall not be canceled, except after thirty (30) days' prior written notice** (10 days for non-payment) has been given to the City.

### ***Waiver of Subrogation***

Contractor hereby grants to City a waiver of any right to subrogation, which any insurer of said Contractor may acquire against the City by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation, but this provision applies regardless of whether or not the City has received a waiver of subrogation endorsement from the insurer.

### ***Deductibles and Self-Insured Retentions***

Any deductibles or self-insured retentions must be declared to and approved by the City. The City may require the Contractor to purchase coverage with a lower deductible or retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention.

### ***Acceptability of Insurers***

Insurance is to be placed with insurers with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to the City.

### ***Verification of Coverage***

Contractor shall furnish the City with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this clause. All certificates and endorsements are to be received and approved by the City before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The City reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

# SAMPLE ENDORSEMENT

POLICY NUMBER: XXXXXXXXX

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED- OWNERS, LESSEES OR CONTRACTORS  
(FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART AUTOMOBILE LIABILITY COVERAGE PART

## SCHEDULE

Name of Person or Organization:

The City of San Mateo, its elected and appointed officials, employees and agents are named as additional insured.