Community Development
5050 N. Irwindale Ave., Irwindale, CA 91706
(626) 430-2252 Phone
businesslicense@irwindaleca.gov

Film Permit Procedures

This worksheet provides required information for companies wishing to apply for a film permit. The information listed below shall be submitted prior to issuance of a film permit; otherwise, we will not accept the application. If you should have any questions regarding this process, please contact us at (626) 430-2252.

1. The application should be completely filled out by the applicant.

2. Determine where the filming will take place.

   a. If on private property, the property owner must sign a letter authorizing the use of the property.

   b. A site plan may be required if filming is planned on City streets and/or City property. The site plan must include the location(s) of cast, crew, vehicle(s), and the route to be used in order to film a scene.

   c. If filming at the Irwindale Speedway, then a signature is required on the hours agreed upon and the Typical Draft Conditions of Approval on Time and Activity Limits for filming at the Irwindale Speedway.

3. A Certificate of Liability must be turned in identifying the City of Irwindale as additionally insured with a minimum of $1,000,000 per occurrence.

   a. A Certificate of Workers Compensation is also required. This may be included in the Certificate of Liability.
   b. City of Irwindale Insurance Requirement Guidelines must be followed.

4. The applicant needs to have a current Business License to do any type of work in the City of Irwindale. Please fill out and pay for your license as part of this application process. You may fill out your application online at www.irwindaleca.gov.

5. The County of Los Angeles Fire Department Motion Picture/TV Filming Permit approval must be submitted with the film application.

6. A pyrotechnician is required if pyrotechnics will be used.

7. Once all documents are properly filled out, management approval will be required.

8. A video film permit application fee is $400 and a still photography film permit application fee is $70. The film permit has a late fee of $750 if application, required documents and fees are submitted less than 10 days or $1,500 if submitted less than 5 days. Additionally, there is a business license fee if you do not have a business license to work in the City of Irwindale.

City of Irwindale

5050 North Irwindale Avenue, Irwindale, California 91706
(626) 430-2200 Fax (626) 962-2018

FILMING PERMIT APPLICATION

***PERMIT TO BE ON LOCATION AT ALL TIMES**

Permit No: _____
Date: _____
Company: _____
Address: _____
_____
_____
_____
Company Phone: _____
Company Fax: _____
Production Dates: _____

Fire Department Permit No: _____
Pyrotechnic Permit No: _____
Project Title: _____
Location Manager: _____
Phone: _____
Production Manager: _____
Phone: _____
Other Contact: _____

1. **Production Type**:
   ❑ TV Episodic ❑ Feature Film ❑ Music Video ❑ Corporate Video ❑ TV Commercial ❑ TV Movie
   ❑ Other: _____

2. **Filming Action**: ❑ INTerior Dialogue ❑ EXTerior Dialogue ❑ Other _____
   ❑ Camera in Curblane ❑ Camera on Sidewalk ❑ Street Closure ❑ Drive By s ❑ Drive Ups/Aways
   ❑ Running Shots ❑ Tow Shots ❑ Wet Down ❑ Nudity ❑ Police Escort
   ❑ Lane Closure ❑ Music Playback ❑ Drive w/flow of Traffic ❑ Other _____
   Description of Filming Activities: _____
   _____
   _____
   _____
   _____

3. **Total Personnel**: _____ **Total Vehicles/Equipment**: _____

4. **Equipment Detail**: Generators: _____ Cars: _____ Trucks: _____ RVs: _____ Other: _____

5. **Insurance**: Before a film permit is issued, a certificate of insurance must be submitted. Requirements are:
   ❑ Minimum $1,000,000 General Liability Limit. ❑ Proof of Workman s Compensation.
   ❑ City of Irwindale Named as Additional Insured.
   ❑ Insurance Certificate Attached.❑ Insurance Certificate on File.

   Insurance Company: _____ **Expiration Date**: _____

   Policy No: _____

6. Location Shoot Specifics: Please give specifics about your shoot below, attach sheets if more space is needed. You must include the mane(s) of property owner(s), address(es), nearest cross streets and telephone number(s) of the filming location(s). Also describe all Scene(s) to be filmed (including pyrotechnics and stunts).

Date	Time	Location and Activity	
			PREP
			FILM
			STRIKE

7. **Traffic**: If filming is planned on City street(s) and/or City property, please submit a site plan showing location(s) of cast, crew, vehicle(s) and the route to be used in order to film a scene.
❑ Site plan Attached. ❑ Site plan will be submitted by time _____ and date _____.
Describe your plan for controlling traffic, (i.e. police services, personnel and devices to direct traffic):

_____

_____

8. **Stunts/Special Effects**: If your filming will involve stunts or special effects, please provide detailed information about the specifics planned: _____

_____

Pyrotechnics Specifics: _____

Pyrotechnician: _____ License Number: _____

Hazardous Materials to be used: _____

9. **Special Restrictions**:

- Written notice to be given to all surrounding residents and/or businesses within a three hundred-foot radius of the filming activity stating date(s) and time(s) filming is to take place.
- All parking to occur on private property.
- Police Officers required.

_____ officers for _____ hours at $_____ per hour for a total fee of $_____

10. **Use of Unmanned Aircraft Systems (UAS) / Drones**

Yes _____ No _____ If yes, what is the size and how high will it be flying? _____

Please include the the followng documentation with the application:

- A copy of the operator's Certificate of Authorization (COA)
- A copy of the operator's written Plan of Activities (POA)

OFFICE USE ONLY

Date Application Received: _____

Date Fees Paid: _____

Fees:

Application/Investigation Fee*	_____
Police Fee	_____
Public Works Fee	_____
Business License Fee	_____
Other Fee	_____
Total	_____

***Non-Refundable**

Approvals and Conditions:

Risk Management _____

Planning _____

Public Works _____

Police _____

City Manager _____

Attachments: _____

_____

_____

Other provisions: _____

_____

_____

Permittee agrees to comply with all applicable laws and to maintain the premises I good condition and to return said premises in the same condition as they were before said use.

Unless greater or lesser coverage is requested, premittee agrees to furnish the City of Irwindale evidence of $1 million comprehensive general liability insurance including contractual liability and automobile liability when applicable, in the form of a certificate, covering the entire period of this permit, naming the City of Irwindale as additional insured. Permittee waves all claims against the City of Irwindale, its officers, agents and employees, for fees 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 of 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 permitted, except those arising out of the sole negligence of City.

Permittee agrees to all the terms and conditions of this permit including any provisions listed and any attachments.

Applicant s Name: _____ **Representative of**: _____

(Company Name)

City of Irwindale
Permission to use Property for Filming

In accordance with city of Irwindale s Municipal Code Section 9.65.050 I hereby give

permission for _____ to use the property
(Film Company)
located at _____ for the purpose of filming on
(Address)
the following dates(s) _____ and

time(s) _____.

We agree to save harmless said City of Irwindale, its officers and employees from any and all claims, damages or losses to persons or property resulting from use of the above mentioned property by applicant, their invitees, or anyone attending the event whether or not caused by negligence of such person.

OWNER OF PROPERTY

_____
Signature(s)

_____
Name (Please type or print)

_____
Telephone Number

LOS ANGELES COUNTY FIRE DEPARTMENT

FIRE PREVENTION DIVISION - PUBLIC SAFETY & FILM UNIT

14425 Olive View Drive, Sylmar, California 91342
Office (818) 364-8240 FAX (818) 364-8242
psfu@fire.lacounty.gov

MOTION PICTURE / FILMING PERMIT REQUEST

IN ACCORDANCE WITH CHAPTER 1, SECTION 105 OF THE 2011 L.A. COUNTY FIRE CODE AND/OR IN ACCORDANCE WITH TITLE 19, CALIFORNIA CODE OF REGULATIONS, FOR THE FOLLOWING:

This permit shall constitute permission to conduction motion picture, television and commercials and related filming productions. Such permit shall not take the place of any license required by law. The Motion Picture/Filming fee is $282.00.

APPLICANT INFORMATION

Name: *			E-Mail: *	
Address: *		City: *	State: *	**ZIP: ***
Office Phone #: *	Ext:	Cell Phone #: *	Agency Permit #:	Application Date: *

*Required

PRODUCTION COMPANY INFORMATION

Production Company Name: *			
Address: *	City: *	State: *	ZIP: *
E-Mail: *	Office Phone #: *	Ext:	FAX #: *

*Required

FILMING LOCATION/DATES/TIMES

Production Title: *					Production Type: *	
Location Manager: *					Cell Phone #: *	
Primary Location Address: *				Date: * to		Time: *
Cross Street:	# Cast on Site: *	# Crew on Site: *	# Extras on Site: *	Aircraft* ☐ Y ☐ N	# of Generator(s): *	TG Map:
Summary of Scene: *						
Secondary Location Address:				Date: to		Time:
Cross Street:	# Cast on Site:	# Crew on Site:	# Extras on Site:	Aircraft ☐ Y ☐ N	# of Generator(s):	TG Map:
Summary of Scene:						
Additional Location Address: PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY				Date: to		Time:
Cross Street:	# Cast on Site:	# Crew on Site:	# Extras on Site:	Aircraft ☐ Y ☐ N	# of Generator(s):	TG Map:
Summary of Scene:						
Base Camp Location/Address:						TG Map:
Prep Date:			Strike Date:			

*Required

FILMING ACTIVITIES

☐ Open to Public	☐ Driving Scene	☐ Special FX	☐ Car Explosion	☐ Fire Bars	☐ Street Closure	☐ Helo Activity Landing
☐ Closed to Public	☐ Drive Ups/Away	☐ Breaking Glass	☐ Dust Hits	☐ Fire Effects	☐ Aircraft Landing	☐ Helo Activity Take Off
☐ Exterior Dialogue	☐ Drive By's	☐ Bullets/Squib Hits	☐ Explosions	☐ Sparks	☐ Aircraft Flyovers	☐ Vacant Building
☐ Interior Dialogue	☐ Still Photo	☐ Bum Barrels	☐ Fire Ball	☐ Posted Parking	☐ Aircraft Refueling	

☐ Other _____

FIRE DEPARTMENT REQUIREMENTS – PUBLIC SAFETY & FILM UNIT USE ONLY (Form 394A Rev 5/2011)

FSO☐ FSA☐ FI☐ WATER TRUCK☐ ISSUED BY DATE REMARKS

City of Irwindale

Insurance Requirement Guidelines

The City of Irwindale requires a Certificate of Insurance (COI) with the following minimum coverage:

1. General Liability Insurance with limits of:
   (a) $1 million per occurrence
   (b) $2 million general aggregate
2. Workers' Compensation with limits of $1 million
   (a) This is required if the insured has paid employees
3. The Certificate Holder section must reflect:

   City of Irwindale
   5050 N. Irwindale Avenue
   Irwindale, CA 91706
4. Endorsement Certificate:
   (a) In addition to the certificate of insurance, the City of Irwindale requires an Additional Insured Endorsement page stating the following:

   The policy is endorsed naming the City of Irwindale, its elected officials, representatives, employees and agents" as Additional Insured.

   The policy is endorsed with the Waiver of Subrogation in favor of the City of Irwindale, its elected officials, representatives, employees and agents.

   (b) The actual Endorsement Certificate must be attached to the Certificate of Insurance.
   (c) Listing the City as an additional insured on the Certificate of Insurance is not sufficient without the endorsement certificate.
5. Insurance policy must be issued by an admitted insurer licensed to transact business in the State of California and by an insurer assigned an A.M. Best Rating of "Excellent" or better.
6. For events and facility rentals, liquor liability insurance is required if alcohol will be consumed at the event.

Instructions

#1 Verify that the Name Insured matches Independent Contractor's name on the contract

#2 Look up the rating of the insurance companies listed on this website:
http://www3.ambest.com/MemberCenter/MemberCenter.aspx

#3 The Commercial General Liability coverage box should have an "X" in the OCCUR box. The blank lines underneath should show any deductible or retention.

#4 This section should have an "X" and an endorsement certificate should be attached.

#5 This section should have an "X" and an endorsement certificate should be attached.

#6 Verify that the policy period shown covers the contract term.
- If it does not cover the contract term, request a new certificate.
- If the contract lasts beyond the expiration date, make sure to follow up with the contractor to get a new certificate before the current one expires.

#7 Limits should at least be:
- $1 million per occurrence
- $2 million general aggregate
- $1 million Products -Completed Operations Aggregate

#8 Automobile Liability coverage
- One of the boxes should be checked
- Check to make sure policy period the same as the General Liability

#9 Limit should at least be $1 million per accident

#10 Either the Umbrella box or the Excess Liability box should be checked.
- The limits should be as required in the contract

#11 The "OCCUR" box should be checked.

#12 The limit should at least be:
- $1 million each accident
- $1 million disease-each employee
- $1 million disease-policy limit

#13 This line should be used for specialty liability coverages, such as professional liability.

#14 Should state:

The policy is endorsed naming the City of Irwindale, its elected officials, representatives, employees and agents" as Additional Insured.

The policy is endorsed with the Waiver of Subrogation in favor of the City of Irwindale, its elected officials, representatives, employees and agents.

- All endorsements should be attached to the Certificate.

#15 Should show: City of Irwindale, 5050 N. Irwindale Avenue, Irwindale, CA 91706

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).

PRODUCER	CONTACT NAME:
	PHONE (A/C, No, Ext): / FAX (A/C, No):
	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE 2 / NAIC #
INSURED 1	INSURER A :
	INSURER B :
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

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 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY	4	5		6		EACH OCCURRENCE $ 7
	CLAIMS-MADE 3 OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) $
							MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE $
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG $
	OTHER:						$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) $ 9
	8 ANY AUTO						BODILY INJURY (Per person) $
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident) $
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) $
							$
	10 UMBRELLA LIAB 11 OCCUR						EACH OCCURRENCE $
	EXCESS LIAB CLAIMS-MADE						AGGREGATE $
	DED RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N / A (Mandatory in NH)						E.L. EACH ACCIDENT $ 12
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE $
							E.L. DISEASE - POLICY LIMIT $
	13						

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

14 Attachments: Additional Insured / Waiver of Subrogation
Primary, Non-contributory / Cancellation

CERTIFICATE HOLDER

15

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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The ACORD name and logo are registered marks of ACORD

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)
City of Irwindale, its elected officials, representatives, employees and agents.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to 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 the 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.

SAMPLE

 © ISO Properties, Inc., 2004

THIS ENDORSEMENT CHANGES THE POLICY.
PLEASE READ IT CAREFULLY.

WAIVER OF SUBROGATION ENDORSEMENT

Additional Insured: **City of Irwindale, its elected officials, representatives, employees and agents**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

In consideration of the premium charged, it is agreed that as respects Additional Insureds covered under this policy by endorsement, we waive our right to subrogate against the Additional Insured where the Named Insured has waived its right of subrogation against such Additional Insured as part of a written contract with the Named Insured and only where the claims, suits and/or damages in question arise out of the sole negligence of the Named Insured. This waiver afforded shall not apply to claims, suits and/or damages arising in whole or in part out of the acts, omissions, and/or negligence of the Additional Insured.

However, this waiver does not apply in any jurisdiction or situation where such wavier is held to be illegal.

All other terms and conditions of the policy remain unchanged.