



INSURANCE REQUIREMENTS FOR CITY OF FORT BRAGG FILM/ENCROACHMENT PERMITS

Certificates and Endorsements may be faxed to (707) 961-2802

Originals **must be** sent to City of Fort Bragg, Attn: City Clerk, 416 N. Franklin Street, Fort Bragg, CA 95437

Questions may be addressed to June Lemos, CMC, City Clerk at (707) 961-2823 ext. 104

The City of Fort Bragg participates in a Joint Powers Authority with a number of other northern California cities; this Joint Powers Authority (Redwood Empire Municipal Insurance Fund) establishes insurance limits for its members. Prior to receiving a film permit/encroachment permit to perform work in the City right-of-way, the Filmmaker, including any and all subcontractors working for the Filmmaker, shall furnish the following documents to the City Clerk for approval. Coverage shall be effective throughout the term of the permit:

FILMMAKERS:

Certificates of Insurance with original, authorized signatures, showing the following minimum insurance coverage(s):

1. **General Liability:** \$2,000,000* Combined Single Limit per occurrence for bodily injury, personal injury, and property damage.
2. **Automobile Liability:** \$1,000,000* Combined Single Limit per accident for bodily injury and property damage.
3. **Workers' Compensation:** Workers' Compensation Insurance as required by the State of California and Employer's Liability Insurance of \$1,000,000 per accident for bodily injury or disease.

* Minimum required insurance limit will be determined depending on the type, location and duration of work; these amounts may be increased at the City's discretion.

Excess or umbrella policies may be used to reach the limits required. If an excess policy is used it shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage.

All insurance carriers shall be rated A:VII or better and certificates for General Liability **MUST** be accompanied by the following endorsements:

A. **LIABILITY INSURANCE ENDORSEMENT** containing the following specific components:

1. The insurance policy number.
2. A statement that includes the following language:
"The City of Fort Bragg, including its officers, officials, employees, and volunteers, are insureds."
3. A statement that includes the following language:
"The insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured's scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it."
4. A statement that includes the following language:
"The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City."

B. AUTOMOBILE INSURANCE ENDORSEMENT containing the following specific components:

1. The insurance policy number.
2. A statement that includes the following language:
“The City of Fort Bragg, including its officers, officials, employees, and volunteers, are insureds.”
3. A statement that includes the following language:
“The insurance shall be primary as respects the insured shown in the schedule above, or if excess, shall stand in an unbroken chain of coverage excess of the Named Insured’s scheduled underlying primary coverage. In either event, any other insurance maintained by the Insured scheduled above shall be in excess of this insurance and shall not be called upon to contribute with it.”
4. A statement that includes the following language:
“The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City.”

C. WORKERS’ COMPENSATION INSURANCE ENDORSEMENT containing the following specific components:

1. A waiver of subrogation clause which states the following:
“This insurance company agrees to waive all rights of subrogation against the City of Fort Bragg, its officers, officials, employees, and volunteers for losses paid under the terms of this policy which arise from the work performed by the named insured for the City.”
2. The insurance policy number.
3. A statement that includes the following language:
“The insurance afforded by this policy shall not be canceled except after thirty days prior written notice by certified mail return receipt requested has been given to the City.”

Subcontractors performing work within the City right-of-way shall either be included upon the Contractor’s policies as insureds, or shall furnish separate certificates and endorsements. All coverages for subcontractors shall be subject to all of the insurance requirements stated previously herein for the Contractor, and shall be effective throughout the term of the permit.

INSURANCE FORM SAMPLES WILL BE PROVIDED ON REQUEST

The City of Fort Bragg reserves the right to require more or less coverage than indicated above, and to reject any language or forms that do not meet the City’s requirements.