



City of Cypress

Film Permit Requirements

Application Fee: \$250.00

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 Department
Contact Sr. Fire Safety Specialist
Judy Hutain
(714) 744-0499
Cypress Police Department
Contact Lieutenant Kepley
(714) 229-6628

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 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	
CONTACT		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	
TITLE		INSURANCE CARRIER	
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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

9/23/99NS

PRODUCER _____ _____ _____ _____ Phone: _____	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.
INSURED _____ _____ _____ _____ **REVISED**	INSURERS AFFORDING COVERAGE INSURER A: VIGILANT INSURANCE COMPANY (CHUBB) INSURER B: FEDERAL INSURANCE COMPANY (CHUBB) INSURER C: PACIFIC INDEMNITY COMPANY (CHUBB) INSURER D: INSURER E:

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 <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	79461050	5/27/99	5/27/00	EACH OCCURRENCE \$ 1,000,000 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 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	79461050	5/27/99	5/27/00	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	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 <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY	79461051	5/27/99	5/27/00	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER 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 PROPS/SETS/WARDROBE THIRD PARTY PROPERTY DAMAGE	79461049	5/27/99	5/27/00	\$500,000 LIMIT, \$1,500 DED. \$ 50,000 LIMIT, \$ 500 DED. \$250,000 LIMIT, \$1,000 DED.

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 CITY OF CYPRESS 5275 ORANGE AVENUE CYPRESS, CA 90630	ADDITIONAL INSURED: INSURER LETTER:	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE, THE ISSUING INSURER AND COMPANY BY MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, AND COMPANY _____ AUTHORIZED REPRESENTATIVE
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