



# Film & Photography Permit

PERMIT #:

LEGAL NAME OF THE PERMIT APPLICANT (COMPANY OR INDIVIDUAL):

TODAY'S DATE:

CONTACT PERSON FOR THIS PERMIT APPLICATION:

CONTACT PERSON PHONE:

CONTACT PERSON FAX:

CONTACT PERSON EMAIL:

PERMIT APPLICATION ADDRESS:

CITY

STATE

ZIP

PERMIT APPLICANT PHONE:

PERMIT APPLICANT FAX:

PERMIT APPLICANT EMAIL:

IS THE CONTACT PERSON AN OFFICER OF THE LEGAL ENTITY?

YES\*

NO\*\*

\*IF YES, ATTACH VERIFICATION FROM SUNBIZ.ORG.

\*\*IF NO, GO TO NEXT QUESTION

IS THE CONTACT PERSON AN AUTHORIZED AGENT OF THE APPLICANT?

YES\*

NO

\*IF YES, CONTACT PERSON (AUTHORIZED AGENT) MUST PROVIDE THE CITY WITH A LIMITED POWER OF ATTORNEY EVIDENCING THAT THEY ARE AUTHORIZED TO EXECUTE LEGALLY BINDING CONTRACTS ON BEHALF OF THE PERMIT APPLICANT.

IF NO, THEN THIS AGREEMENT MUST BE EXECUTED (SIGNED) BY AN OFFICER OR AUTHORIZED AGENT OF THE LEGAL ENTITY.

CLIENT:

PLEASE PROVIDE A MAP OR PICTURE OF LOCATION SITE FOR CLEAR IDENTIFICATION.

LOCATION 1: \_\_\_\_\_  
NAME ADDRESS

FILM: \_\_\_\_\_  
DATES NO. OF DAYS HOURS: START END

LOCATION 2: \_\_\_\_\_  
NAME ADDRESS

FILM: \_\_\_\_\_  
DATES NO. OF DAYS HOURS: START END

LOCATION 3: \_\_\_\_\_  
NAME ADDRESS

FILM: \_\_\_\_\_  
DATES NO. OF DAYS HOURS: START END

PRODUCTION TYPE:  STILL  MOTION PICTURE/VIDEO  FILM  MAJOR MOTION PICTURE

CLASSIFICATION:  COMMERCIAL  INDUSTRIAL  TV  MULTIMEDIA  DOCUMENTARY

FEATURE  RESIDENTIAL  STUDENT PROJECT  OTHER \_\_\_\_\_

TOTAL PERSONNEL: \_\_\_\_\_ EST. EXPENDITURES: \$ \_\_\_\_\_

TOTAL VEHICLES/EQUIP: \_\_\_\_\_  
GENERATORS CARS TRUCKS CATERING VEHICLE VANS OTHER

INSURANCE CARRIER: \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

PARKING REQUIREMENTS: \_\_\_\_\_

SPECIAL EFFECTS:  YES  NO; IF SO, PLEASE LIST ALL THAT APPLY \_\_\_\_\_

### Indemnification:

For and in consideration of the City of Coral Gables consent to allow the Applicant to conduct any type of filming and/or photography operations, productions and/or shoots within the limits of the City of Coral Gables, the Applicant agrees as follows:

The Permit Applicant jointly and severally, hereby hold harmless, indemnify and defend the City of Coral Gables, its representatives, officers, agents, affiliates, employees, the administration and elected and appointed officials from and against all liability, suits, actions, claims, costs, expenses or demands (including, without limitation, suits, actions, claims, costs, expenses or demands resulting from death, personal injury and property damage) or expenses of every kind and character, including reasonable attorney's fees, costs and appeals, arising or resulting in whole or in part, as a result of any tort, intentional action, negligent acts or omissions on the part of the Permit Applicant or any of the participants of the Event outlined in this application. This indemnification provision shall survive the termination of this contract and shall be in full force and effect beyond the term or termination of this contract, however, terminated. This indemnification provision includes claims made by the entitlement, if any, to immunity under section 440.11, Florida Statutes. Nothing contained herein shall be construed as a waiver of any immunity or limitation of liability the City may have under the doctrine of sovereign immunity of section §768.28, Florida Statutes.

Permittee agrees to all the terms and conditions of this permit, including provisions on the reverse side of this form and any attachments; agrees to obtain prior City approval for deviations from the information provided herein; and understands that failure to comply with these requirements may result in the immediate cancellation of production.

Weather Note: Renewable without fee, if weather conditions are unfavorable for shooting.

APPLICANT/TITLE

DATE

NOTES:

**OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ DATE PERMITTED: \_\_\_\_\_

PARKING METER NUMBERS: # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

HAVE BUSINESS OWNERS AND/OR RESIDENCE BEEN NOTIFIED?  YES  NO SHOT IN THE CITY OF CORAL GABLES?  YES  NO

REVIEWED BY:  POLICE  FIRE  TRAFFIC-ENGINEERING  MAINT. SERVICES  RISK MANAGEMENT  FILM LIAISON

PHOTO FEES: \$ \_\_\_\_\_  
001-329-830 APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

TOTAL FEES: \$

TYPE OF PERMIT:

- A. PUBLIC PROPERTY-STILL PHOTOGRAPHY  B. PUBLIC PROPERTY-MOTION PICTURE/VIDEO
- C. RESIDENTIAL- LARGE STILL/COMMERCIAL/VIDEO  D. RESIDENTIAL-MAJOR MOTION PICTURE

**◆THIS COVER SHEET MUST BE PROVIDED WITH ALL INSURANCE DOCUMENTS◆**

<p align="center"><b>Film Permit</b></p> <p align="center"><b>Cover Sheet</b></p> <p align="center"><b>For</b></p> <p align="center"><b>Evidencing Insurance to the City of Coral Gables</b></p>	<p><b>Legal Name of Permit Applicant (Individual or Company):</b> _____</p> <p><b>Insurance is being submitted for ongoing Filming Operations</b> (circle one): <b>YES</b> or <b>NO</b></p> <p><b>Insurance is being submitted for a onetime Film Permit</b> (circle one): <b>YES</b> or <b>NO</b></p> <p>(Circle <b>YES</b> next to onetime Film Permit if you do not anticipate performing any film shoots in the City during the next 12 months and this film shoot is a onetime event).</p> <p>Without limiting PERMIT APPLICANT'S indemnification of the CITY, and during the term of this Agreement, PERMIT APPLICANT shall provide and maintain at its own expense the below described programs of insurance. Such programs and evidence of insurance shall be satisfactory to the CITY and shall be primary to and not contributing with any other insurance or self-insurance program maintained by the CITY. Certificates or other evidence of coverage shall be delivered via email, fax or US mail to;</p> <p align="center"><b>Certificate Holder should read:</b></p> <p align="center"><b>Email address:</b> <a href="mailto:cityofcoralgables@ebix.com">cityofcoralgables@ebix.com</a></p> <p align="center"><b>City of Coral Gables Insurance Compliance PO Box 100085 - CE Duluth, GA 30096</b></p> <p>Such certificates or other evidence of coverage shall be delivered prior to commencing performance under this Permit, and shall contain the express condition that the CITY is to be given written notice of at least thirty (30) days in advance of any cancellation, non-renewal or material change of any insurance policy.</p>						
<p align="center"><b>Insurance Requirements</b></p> <p align="center"><b>For</b></p> <p align="center"><b>Companies</b></p> <p align="center"><b>and/or</b></p> <p align="center"><b>Commercial Shoots</b></p>	<p><b>Companies &amp; Commercial Shoots are required to evidence the following Insurance to the City;</b></p> <table border="0"> <thead> <tr> <th><u>Insurance Coverage Type</u></th> <th><u>Limit of Liability Required</u></th> </tr> </thead> <tbody> <tr> <td>Commercial General Liability</td> <td>Each Occurrence \$1,000,000    Aggregate \$2,000,000</td> </tr> <tr> <td>Liquor Liability (required if liquor is served)</td> <td>Each Occurrence \$1,000,000    Aggregate \$2,000,000</td> </tr> </tbody> </table> <ul style="list-style-type: none"> <li>• All insurance policies evidenced to the City shall name the City of Coral Gables as an Additional Insured on a Primary and Non-contributory basis.</li> <li>• All insurance policies evidenced to the City shall contain A Waiver of Subrogation Endorsement in favor of the City of Coral Gables.</li> <li>• All insurance companies providing coverage must have an A.M. Best rating of at least (A-/VI) or an equivalent rating given by a recognized rating agency.</li> </ul> <p><b>When evidencing insurance to the City, the following documents must be provided;</b></p> <ol style="list-style-type: none"> <li>1. This Cover Sheet with all of the questions above answered.</li> <li>2. A Certificate of Liability Insurance naming the City of Coral Gables as an additional insured on a primary and non-contributory basis including a Waiver of Subrogation in favor of the City.</li> <li>3. A copy of the Endorsements evidencing that Additional Insured status has been provided to the City and that this coverage has been provided on a Primary &amp; Non-Contributory Basis.</li> <li>4. A copy of the all Waiver of Subrogation Endorsements for each line of coverage required.</li> </ol>	<u>Insurance Coverage Type</u>	<u>Limit of Liability Required</u>	Commercial General Liability	Each Occurrence \$1,000,000    Aggregate \$2,000,000	Liquor Liability (required if liquor is served)	Each Occurrence \$1,000,000    Aggregate \$2,000,000
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