

California State University **Northridge**

Department of Cinema and Television Arts CTVA INSURANCE REQUEST FORM PROCEDURES

To: All CTVA Production Students, Faculty and Staff
From: David Rincon CPBE, Dept. of Cinema & Television Arts (david.rincon@csun.edu)

Insurance request forms are available for all of your production requirements through the **CTVA website**. The Insurance Request Form **MUST** be filled out completely and submitted to David Rincon (MZ 191) or david.rincon@csun.edu at least **TWO WEEKS** ahead of your shooting date, **NO EXCEPTIONS**.

Liability Insurance

- All cities, office buildings, parks, malls, restaurants, rental houses, etc., require a liability insurance policy certification (proof of insurance) of \$1,000,000 or more before you are allowed to shoot on their property.
- We must have the details, i.e., contact person, dates of shoot, etc. provided on this form.
- We must know if they want to be named “additional insured” or if they only want proof of insurance. Some of these certificates may already be available in CTVA files (such as City of L.A., County of L.A., Parks Dept., City of Glendale, Santa Monica, and Pasadena).

Property Insurance

- Property insurance coverage is also available for theft/damage/loss of equipment (property) to be rented. **WE MUST HAVE A LIST OF THE EQUIPMENT TO BE COVERED**, the serial numbers (if possible), the dollar amount of the replacement value of equipment, and any other requirements the vendor may have, detailed on the company’s letterhead.

All Insurance

- You are responsible for any cash deposits required and any deductible amounts, and for obtaining your own permit(s). You generally cannot get any permits without insurance, and the **INSURANCE PROCESSING TAKES TWO WEEKS**.
- Please **FILL IN EVERY BLANK ON THE CTVA INSURANCE REQUEST FORM**. If there are any questions, please contact the David Rincon by phone, (818) 677-3802, or email david.rincon@csun.edu.

****PLEASE NOTE:** The student making the request on the Insurance Request Form is the name that will be used on all reservations, correspondences, etc. Please include the vendor’s or location’s phone number, fax number, and a contact person.

All certificates are emailed to the student and to David Rincon by the Risk Management office. Once everything has been obtained, please check with David Rincon and make sure that everything is in order at least one week, and again two days, before the actual day of shooting. If you have any questions that cannot be answered by David Rincon or your instructor, you may call Risk Management (818-677-6830).

Also, for any entity requiring an “additional insured” endorsement to the insurance, the student must submit that request (Attachment “A”) signed by the vendor/location with the initial Insurance request form or to Tom Weems to be included as an attachment to the Insurance Request Form submitted to University Risk Management.

**NOTE: WE DO NOT PROVIDE WORKERS’ COMPENSATION
OR VEHICLE COVERAGE.**

Today's Date: _____
(At least two weeks prior to date of shoot!!)

CTVA Insurance Request Form

This request must be made **at least two weeks prior to first day of production** and turned into the Equipment Room in MZ-191. A separate sheet must be done for each location even if in the same jurisdiction. **ALL blanks must be filled in.** The insurance certificates will be faxed to the Equipment Room for distribution.

(Please Print Clearly)

Group Name: _____

Student Making Request: _____ Phone: _____

Student Email Address: _____

Dates of Production (Day & Date) From: _____ To: _____

Name of Building, Park or Vendor: _____

Location: Street _____ City/County _____ Zip _____

Contact Person: _____ Title: _____

Phone: _____ Ext. _____ Fax: _____

The top portion of Attachment "A" must be completed by production group. If the vendor or location requests to be a certificate holder or named as "additional insured" on the insurance, the bottom portion of Attachment "A" must be completed and signed by vendor or location representative.

Release of Liability, Promise Not to Sue, Assumption of Risk and Agreement to Pay Claims form must be used for "volunteers" participating in the filming activity. Forms are available in the CTVA Equipment Office.

We do NOT provide Worker's Compensation or Vehicle Insurance Coverage

- **Liability coverage: \$1,000,000. (unless otherwise specified)**
- For equipment rental, an itemized list of equipment must be attached with the total replacement value for each item, the serial number and description, for the equipment be covered. Must be on vendor letterhead.

Dates of Equipment Use: Pickup _____ Return: _____

YOU MUST DO THE PREPARATION CALLING, ETC., YOURSELF. WE DO NOT FURNISH PERMITS OR GET PERMISSION FOR FILMING. WE WILL PROVIDE EVIDENCE OF INSURANCE ONLY. INSURANCE IS NOT REQUIRED FOR UNIVERSITY CHECKED-OUT EQUIPMENT OR TO FILM AT MOST UNIVERSITY LOCATIONS.

Class Professor's Signature (required) CLASS: 452 355 341 442
 441 595E

(The above signature is mandatory in order to obtain insurance and must be in **BLUE** ink)

ATTACHEMENT "A"

REQUEST TO BE NAMED AS ADDITIONAL INSURED

If there is a request to be named as an "Additional Insured" on CSU, Northridge's (CSUN) General Liability Policy as respects to use of premises or loss payee for CSUN's Student Film Project for the required course work identified below, the bottom portion must be filled out by vendor or location representative.

Insurance certificates (proof of insurance) are faxed to the Equipment Room and the student contact for distribution. **All Blanks must be filled in.**

(To Be Completed by the Student Group)
PRINT CLEARLY

Group Name: _____
Course (title/no./semester): _____
Instructor: _____
Student Contact: _____ Phone: _____
Dates of Production (Day & Date) From: _____ To: _____

(To Be Completed & Signed by the Party Requesting Endorsement)

Additional Insured Party or Loss Payee Name: _____

Mailing Address: _____
City: _____ Zip: _____
Contact Person: _____ Title: _____
Phone: _____ Ext. _____ Fax: _____
Email Address: _____
Signature (required): _____ Date: _____