CTVA INSURANCE REQUEST FORM PROCEDURES

To: All CTVA Production Students, Faculty and Staff
From: Michael Bryant, Dept. of Cinema & Television Arts (michael.d.bryant@csun.edu)

Insurance requests are available for all of your production requirements through the CTVA Equipment Room. The Insurance Requests Form MUST be filled out completely and submitted to Michael Bryant 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). There is a $1,000.00 deductible for any equipment loss or damage. 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 Michael Bryant at (818) 677-3802 or you can send him a fax at (818) 677-3623. You may also contact Risk Management at (818) 677-2401.

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

All certificates are faxed to the vendor by the Risk Management office. If there is no fax number, a hard copy will be sent by mail but may take several days. Once everything has been obtained, please check with Michael Bryant (MZ 191) and make sure that everything is in order at least one week, and again two days, before the actual day of shooting.

Also, for any entity requiring an “additional insured” endorsement to the insurance, the bottom portion of Attachment “A” must be signed by the vendor/location. It will then 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.
CTVA Insurance Request Form

This request must be made at least two weeks prior to production and turned into Michael Bryant 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 vendor contact person indicated below.

(Please Print Clearly)

Group Name: ________________________________

Student Making Request: ______________________ Phone: ________________________________

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 filled out 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 filled out and signed by vendor or location representative.

Volunteer Informed Consent forms are recommended for “volunteers” participating in the filming activity. Forms are available in the CTVA Equipment Office.

We do not provide Workers’ Compensation or Vehicle Insurance Coverage.

• Liability Coverage: $1,000,000 (unless otherwise specified)

• For equipment rental a separate list of equipment must be attached with the exact dollar replacement for each item. Include the serial numbers of the property to be covered.

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: □ 452 □ 355 □ 341 □ 442 □ 441/443

Class Professor’s Signature (required)

(The above signature is mandatory in order to obtain insurance and must be in BLUE ink)
ATTACHMENT “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 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 vendor/contact person indicated below and CTVA Equipment Room. 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:_______________