

# COUNTY OF SAN BERNARDINO INSURANCE REQUIREMENTS

## General Liability

You must provide proof of liability insurance and a Letter of Endorsement (ISO form # CG-20-1207-98 or AB-90-67-12-93 or equivalent) naming the County of San Bernardino as additionally insured for the amount of \$1 million.

The Insurance Certificate must read in the "Certificate Holder" Box verbatim: County of San Bernardino, 385 N. Arrowhead Ave., Third Floor, San Bernardino, CA 92415-0043. In the "Description of Operations" box the following must read verbatim: The County of San Bernardino and its officers, employees, agents and volunteers are named additional insureds with respect to liabilities arising out of the performance of services hereunder.

The Letter of Endorsement must read verbatim: County of San Bernardino, 385 N. Arrowhead Ave., Third Floor, San Bernardino, CA 92415-0043 and The County of San Bernardino and its officers, employees, agents and volunteers are named additional insureds with respect to liabilities arising out of the performance of services hereunder.

- Proof of Workers' Compensation Insurance at state statutory limits is required
- Proof of Automobile Insurance in the amount of \$1 million is also required

## AIRCRAFT INSURANCE

An Aircraft Liability Insurance Certificate and Letter of Endorsement is required naming the County of San Bernardino as additionally insured for the amount of \$10 million in the event of the use of airplanes, helicopters, or any other aircraft.

The Insurance Certificate must read in the "Certificate Holder" Box verbatim: County of San Bernardino, 385 N. Arrowhead Ave., Third Floor, San Bernardino, CA 92415-0043. In the "Description of Operations" box the following must read verbatim: The County of San Bernardino and its officers, employees, agents and volunteers are named additional insureds with respect to liabilities arising out of the performance of services hereunder.

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## DRONES

When using a drone during your filming in San Bernardino County, an UAS/Aircraft Liability insurance certificate and Letter of Endorsement is required naming the County of San Bernardino as additionally insured for the amount of \$2 million.

The Insurance Certificate must read in the "Certificate Holder" Box verbatim: County of San Bernardino, 385 N. Arrowhead Ave., Third Floor, San Bernardino, CA 92415-0043. In the "Description of Operations"

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The Letter of Endorsement must read verbatim: County of San Bernardino, 385 N. Arrowhead Ave., Third Floor, San Bernardino, CA 92415-0043 and The County of San Bernardino and its officers, employees, agents and volunteers are named additional insureds with respect to liabilities arising out of the performance of services hereunder. (Also see UAS/Drones Information and Application attached)

**NO HAND-WRITTEN CERTIFICATES OR ENDORSEMENTS WILL BE ACCEPTED.**