



Department of Public Works  
5050 N. Irwindale Ave., Irwindale, CA 91706  
(626) 430-2252 phone • (626) 430-2295 fax  
businesslicense@irwindaleca.gov

## Film Permit Procedures

This worksheet provides required information for companies wishing to apply for a film permit. The information listed below shall be submitted prior to issuance of a film permit; otherwise, we will not accept the application. If you should have any questions regarding this process, please contact Iris Espino at (626) 430-2252.

1. The application should be completely filled out by the applicant.
2. Determine where the filming will take place.
  - a. If on private property, the property owner must sign a letter authorizing the use of the property.
  - b. A site plan may be required if filming is planned on City streets and/or City property. The site plan must include the location(s) of cast, crew, vehicle(s), and the route to be used in order to film a scene.
  - c. If filming at the Irwindale Speedway, then a signature is required on the hours agreed upon and the Typical Draft Conditions of Approval on Time and Activity Limits for filming at the Irwindale Speedway.
3. A Certificate of Liability must be turned in identifying the City of Irwindale as additionally insured with a minimum of \$1,000,000 per occurrence.
  - a. A Certificate of Workers Compensation is also required. This may be included in the Certificate of Liability.
  - b. City of Irwindale Insurance Requirement Guidelines must be followed.
4. The applicant needs to have a current Business License to do any type of work in the City of Irwindale. Please fill out and pay for your license as part of this application process. You may fill out your application online at [www.irwindaleca.gov](http://www.irwindaleca.gov).
5. The County of Los Angeles Fire Department Motion Picture/TV Filming Permit approval must be submitted with the film application.
6. A pyrotechnician is required if pyrotechnics will be used.
7. Once all documents are properly filled out, management approval will be required.
8. The film permit fee is \$215. The film permit can be processed in one day; however, there is an additional \$150.00 charge. Additionally, there is a business license fee if you do not have a business license to work in the City of Irwindale.



# City of Irwindale

5050 North Irwindale Avenue, Irwindale, California 91706  
(626) 430-2252 Fax (626) 430-2295

## FILMING PERMIT APPLICATION

\*PERMIT TO BE ON LOCATION AT ALL TIMES

Permit No: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Company Phone: \_\_\_\_\_

Company Fax: \_\_\_\_\_

Production Dates: \_\_\_\_\_

Fire Department Permit No: \_\_\_\_\_

Pyrotechnic Permit No: \_\_\_\_\_

Project Title: \_\_\_\_\_

Location Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Production Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Contact: \_\_\_\_\_

### 1. Production Type:

TV Episodic  Feature Film  Music Video  Corporate Video  TV Commercial  TV Movie

Other: \_\_\_\_\_

### 2. Filming Action: INTERior Dialogue EXTERior Dialogue Other \_\_\_\_\_

Camera in Curblane  Camera on Sidewalk  Street Closure  Drive By s  Drive Ups/Aways

Running Shots  Tow Shots  Wet Down  Nudity  Police Escort

Lane Closure  Music Playback  Drive w/flow of Traffic  Other \_\_\_\_\_

Description of Filming Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Total Personnel: \_\_\_\_\_ Total Vehicles/Equipment: \_\_\_\_\_

4. Equipment Detail: Generators: \_\_\_\_\_ Cars: \_\_\_\_\_ Trucks: \_\_\_\_\_ RVs: \_\_\_\_\_ Other: \_\_\_\_\_

### 5. Insurance: Before a film permit is issued, a certificate of insurance must be submitted. Requirements are:

Minimum \$1,000,000 General Liability Limit.  Proof of Workman s Compensation.

City of Irwindale Named as Additional Insured.

Insurance Certificate Attached.  Insurance Certificate on File.

Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Policy No: \_\_\_\_\_

6. **Location Shoot Specifics:** Please give specifics about your shoot below, attach sheets if more space is needed. You must include the name(s) of property owner(s), address(es), nearest cross streets and telephone number(s) of the filming location(s). Also describe all Scene(s) to be filmed (including pyrotechnics and stunts).

Date	Time	Location and Activity	
			<b>PREP</b>
			<b>FILM</b>
			<b>STRIKE</b>

7. **Traffic:** If filming is planned on City street(s) and/or City property, please submit a site plan showing location(s) of cast, crew, vehicle(s) and the route to be used in order to film a scene.  
 Site plan Attached.       Site plan will be submitted by time \_\_\_\_\_ and date \_\_\_\_\_.  
 Describe your plan for controlling traffic, (i.e. police services, personnel and devices to direct traffic):

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8. **Stunts/Special Effects:** If your filming will involve stunts or special effects, please provide detailed information about the specifics planned: \_\_\_\_\_

**Pyrotechnics Specifics:** \_\_\_\_\_

Pyrotechnician: \_\_\_\_\_ License Number: \_\_\_\_\_

Hazardous Materials to be used: \_\_\_\_\_

9. **Special Restrictions:**

- Written notice to be given to all surrounding residents and/or businesses within a three hundred-foot radius of the filming activity stating date(s) and time(s) filming is to take place.
- All parking to occur on private property.
- Police Officers required.

\_\_\_\_\_ officers for \_\_\_\_\_ hours at \$\_\_\_\_\_ per hour for a total fee of \$\_\_\_\_\_

10. **Use of Unmanned Aircraft Systems (UAS) / Drones**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the size and how high will it be flying? \_\_\_\_\_

Please include the the following documentation with the application:

- A copy of the operator's Certificate of Authorization (COA)
- A copy of the operator's written Plan of Activities (POA)

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**OFFICE USE ONLY**

<b>Date Application Received:</b> _____	<b>Fees:</b>	Application/Investigation Fee* _____
<b>Date Fees Paid:</b> _____	Police Fee	_____
	Public Works Fee	_____
	Business License Fee	_____
	Other Fee	_____
	<b>Total</b>	_____
	<b>*Non-Refundable</b>	

**Approvals and Conditions:**

Risk Management \_\_\_\_\_

Planning \_\_\_\_\_

Public Works \_\_\_\_\_

Police \_\_\_\_\_

City Manager \_\_\_\_\_

**Attachments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other provisions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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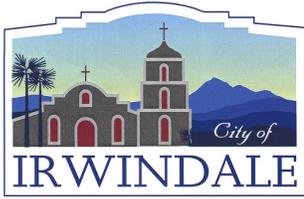
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Permittee agrees to comply with all applicable laws and to maintain the premises in good condition and to return said premises in the same condition as they were before said use.

Unless greater or lesser coverage is requested, permittee agrees to furnish the City of Irwindale evidence of \$1 million comprehensive general liability insurance including contractual liability and automobile liability when applicable, in the form of a certificate, covering the entire period of this permit, naming the City of Irwindale as additional insured. Permittee waves all claims against the City of Irwindale, its officers, agents and employees, for fees or damage caused by, arising out of, or in any way connected with the exercise of this permit and permittee agrees to save harmless, indemnify and defend city, its officers, agents and employees from any and all loss, damage or liability which may be suffered or incurred by City, its officers, agents and employees caused by, arising out of or in any way connected with exercise by permittee of the rights hereby permitted, except those arising out of the sole negligence of City.

**Permittee agrees to all the terms and conditions of this permit including any provisions listed and any attachments.**

**Applicant s Name:** \_\_\_\_\_ **Representative of:** \_\_\_\_\_  
**(Company Name)**



## City of Irwindale Permission to use Property for Filming

In accordance with city of Irwindale s Municipal Code Section 9.65.050 I hereby give permission for \_\_\_\_\_ to use the property  
(Film Company)  
located at \_\_\_\_\_ for the purpose of filming on  
(Address)  
the following dates(s) \_\_\_\_\_ and  
time(s) \_\_\_\_\_.

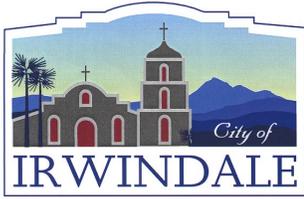
We agree to save harmless said City of Irwindale, its officers and employees from any and all claims, damages or losses to persons or property resulting from use of the above mentioned property by applicant, their invitees, or anyone attending the event whether or not caused by negligence of such person.

### OWNER OF PROPERTY

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Telephone Number



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(Film Company)  
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time(s) \_\_\_\_\_.

We agree to save harmless said City of Irwindale, its officers and employees from any and all  
claims, damages or losses to persons or property resulting from use of the above mentioned  
property by applicant, their invitees, or anyone attending the event whether or not caused by  
negligence of such person.

### OWNER OF PROPERTY

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Telephone Number

**IRWINDALE SPEEDWAY  
CITY-APPROVED SCHEDULE OF OPERATIONS**

**1. RACETRACK AND RELATED FACILITIES**

a. Hours of Operation:

Facility Hours:

Monday through Thursday – 7:00 a.m. to 10:00 p.m.

Friday and Saturday – 7:00 a.m. to midnight

Sunday – 7:00 a.m. to 11:00 p.m.

Special Weekday Events approved by City – Noon to 11:00 p.m.

Event Hours:

Friday – 4:00 p.m. to 11:00 p.m.

Saturday – Noon to 11:00 p.m.

Sunday – Noon to 10:00 p.m.

Holidays – Noon to 10:00 p.m.

Special Weekday Events approved by City – Noon to 11:00 p.m.

- b. The event hours listed above shall govern any use of the Racetrack and includes any warm-up, driving, testing, pre-racing, or other event activities.
- c. Non-racing events such as rodeos and concerts may be held on dates with no race events scheduled, but shall be limited to the above hours of operation for events.
- d. Incidental use of the Racetrack and Related Activities may occur on weekdays in the form of vehicle testing, driving schools, maintenance and automobile research and development; provided that weekday use of the Racetrack shall be limited from Noon to 7:00 p.m.

**2. DRAGSTRIP**

a. Hours of Operation:

Facility Hours:

Monday through Thursday – 7:00 a.m. to 10:00 p.m.

Friday and Saturday – 7:00 a.m. to midnight

Sunday – 7:00 a.m. to midnight

Special Weekday Events approved by City – Noon to 11:00 p.m.

Event Hours:

Friday – 4:00 p.m. to 11:00 p.m.

Saturday – Noon to 11:00 p.m.

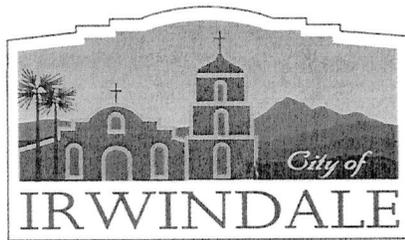
Sunday – Noon to 10:00 p.m.

Holidays – Noon to 10:00 p.m.

Special Weekday Events approved by City – Noon to 11:00 p.m.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**TYPICAL DRAFT CONDITIONS OF APPROVAL  
ON TIME AND ACTIVITY LIMITS  
FOR FILMING AT IRWINDALE SPEEDWAY**

- 1) No oval track and/or dragstrip stadium or facility lights on after 10:00 pm.
- 2) No racing, revving, or idling of engines/motors or motorized use after 10:00 pm.
- 3) Any violation of the City's Noise Ordinance will result in the revocation of this film permit, or other remedies under the Irwindale Municipal Code.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*





**LOS ANGELES COUNTY FIRE DEPARTMENT  
FIRE PREVENTION DIVISION - PUBLIC SAFETY & FILM UNIT**

14425 Olive View Drive, Sylmar, California 91342  
Office (818) 364-8240 FAX (818) 364-8242  
psfu@fire.lacounty.gov

**MOTION PICTURE / FILMING PERMIT REQUEST**

IN ACCORDANCE WITH CHAPTER 1, SECTION 105 OF THE 2011 L.A. COUNTY FIRE CODE AND/OR IN ACCORDANCE WITH TITLE 19, CALIFORNIA CODE OF REGULATIONS, FOR THE FOLLOWING:

This permit shall constitute permission to conduction motion picture, television and commercials and related filming productions. Such permit shall not take the place of any license required by law. The Motion Picture/Filming fee is \$282.00.

APPLICANT INFORMATION					
Name: *			E-Mail: *		
Address: *		City: *		State: *	ZIP: *
Office Phone #: *	Ext:	Cell Phone #: *	Agency Permit #:		Application Date: *

\*Required

PRODUCTION COMPANY INFORMATION					
Production Company Name: *					
Address: *		City: *		State: *	ZIP: *
E-Mail: *			Office Phone #: *	Ext:	FAX #: *

\*Required

FILMING LOCATION/DATES/TIMES							
Production Title: *				Production Type: *			
Location Manager: *				Cell Phone #: *			
Primary Location Address: *			Date: * to		Time: *		
Cross Street:	# Cast on Site: *	# Crew on Site: *	# Extras on Site: *	Aircraft <input type="checkbox"/> Y <input type="checkbox"/> N	# of Generator(s): *	TG Map:	
Summary of Scene: *							
Secondary Location Address:			Date: * to		Time:		
Cross Street:	# Cast on Site:	# Crew on Site:	# Extras on Site:	Aircraft <input type="checkbox"/> Y <input type="checkbox"/> N	# of Generator(s):	TG Map:	
Summary of Scene:							
Additional Location Address: <span style="color: blue;">PLEASE ATTACH ADDITIONAL PAGES IF NECESSARY</span>			Date: * to		Time:		
Cross Street:	# Cast on Site:	# Crew on Site:	# Extras on Site:	Aircraft <input type="checkbox"/> Y <input type="checkbox"/> N	# of Generator(s):	TG Map:	
Summary of Scene:							
Base Camp Location/Address:					TG Map:		
Prep Date:			Strike Date:				

\*Required

**FILMING ACTIVITIES**

- |  |   |   |  |   |   |   |
|--|---|---|--|---|---|---|
| <input type="checkbox"/> Open to Public    | <input type="checkbox"/> Driving Scene  | <input type="checkbox"/> Special FX         | <input type="checkbox"/> Car Explosion | <input type="checkbox"/> Fire Bars      | <input type="checkbox"/> Street Closure     | <input type="checkbox"/> Helo Activity Landing  |
| <input type="checkbox"/> Closed to Public  | <input type="checkbox"/> Drive Ups/Away | <input type="checkbox"/> Breaking Glass     | <input type="checkbox"/> Dust Hits     | <input type="checkbox"/> Fire Effects   | <input type="checkbox"/> Aircraft Landing   | <input type="checkbox"/> Helo Activity Take Off |
| <input type="checkbox"/> Exterior Dialogue | <input type="checkbox"/> Drive By's     | <input type="checkbox"/> Bullets/Squib Hits | <input type="checkbox"/> Explosions    | <input type="checkbox"/> Sparks         | <input type="checkbox"/> Aircraft Flyovers  | <input type="checkbox"/> Vacant Building        |
| <input type="checkbox"/> Interior Dialogue | <input type="checkbox"/> Still Photo    | <input type="checkbox"/> Bum Barrels        | <input type="checkbox"/> Fire Ball     | <input type="checkbox"/> Posted Parking | <input type="checkbox"/> Aircraft Refueling |   |
| <input type="checkbox"/> Other _____       |   |   |  |   |   |   |

**FIRE DEPARTMENT REQUIREMENTS – PUBLIC SAFETY & FILM UNIT USE ONLY (Form 394A Rev 5/2011)**

FSO  FSA  FI  WATER TRUCK  ISSUED BY \_\_\_\_\_ DATE \_\_\_\_\_ REMARKS \_\_\_\_\_



City of Irwindale  
Insurance Requirement Guidelines

The City of Irwindale requires a Certificate of Insurance (COI) with the following minimum coverage:

1. General Liability Insurance with limits of:
  - (a) \$1 million per occurrence
  - (b) \$2 million general aggregate
2. Workers' Compensation with limits of \$1 million
  - (a) This is required if the insured has paid employees
3. The Certificate Holder section must reflect:

City of Irwindale  
5050 N. Irwindale Avenue  
Irwindale, CA 91706
4. Endorsement Certificate:
  - (a) In addition to the certificate of insurance, the City of Irwindale requires an Additional Insured Endorsement page stating the following:

**The policy is endorsed naming the City of Irwindale, its elected officials, representatives, employees and agents” as Additional Insured.**

**The policy is endorsed with the Waiver of Subrogation in favor of the City of Irwindale, its elected officials, representatives, employees and agents.**
  - (b) The actual Endorsement Certificate must be attached to the Certificate of Insurance.
  - (c) Listing the City as an additional insured on the Certificate of Insurance is not sufficient without the endorsement certificate.
5. Insurance policy must be issued by an admitted insurer licensed to transact business in the State of California and by an insurer assigned an A.M. Best Rating of "Excellent" or better.
6. For events and facility rentals, liquor liability insurance is required if alcohol will be consumed at the event.

# Instructions

- #1 Verify that the Name Insured matches Independent Contractor's name on the contract
- #2 Look up the rating of the insurance companies listed on this website:  
<http://www3.ambest.com/MemberCenter/MemberCenter.aspx>
- #3 The Commercial General Liability coverage box should have an "X" in the OCCUR box. The blank lines underneath should show any deductible or retention.
- #4 This section should have an "X" and an endorsement certificate should be attached.
- #5 This section should have an "X" and an endorsement certificate should be attached.
- #6 Verify that the policy period shown covers the contract term.
  - If it does not cover the contract term, request a new certificate.
  - If the contract lasts beyond the expiration date, make sure to follow up with the contractor to get a new certificate before the current one expires.
- #7 Limits should at least be:
  - \$1 million per occurrence
  - \$2 million general aggregate
  - \$1 million Products -Completed Operations Aggregate
- #8 Automobile Liability coverage
  - One of the boxes should be checked
  - Check to make sure policy period the same as the General Liability
- #9 Limit should at least be \$1 million per accident
- #10 Either the Umbrella box or the Excess Liability box should be checked.
  - The limits should be as required in the contract
- #11 The "OCCUR" box should be checked.
- #12 The limit should at least be:
  - \$1 million each accident
  - \$1 million disease-each employee
  - \$1 million disease-policy limit
- #13 This line should be used for specialty liability coverages, such as professional liability.
- #14 Should state:  
**The policy is endorsed naming the City of Irwindale, its elected officials, representatives, employees and agents" as Additional Insured.**  
**The policy is endorsed with the Waiver of Subrogation in favor of the City of Irwindale, its elected officials, representatives, employees and agents.**
  - All endorsements should be attached to the Certificate.
- #15 Should show: City of Irwindale, 5050 N. Irwindale Avenue, Irwindale, CA 91706



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED <b>1</b>	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE <b>2</b>	
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <b>3</b> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>4</b>	<b>5</b>		<b>6</b>		EACH OCCURRENCE \$ <b>7</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>8</b> <b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ <b>9</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>10</b> <b>UMBRELLA LIAB</b> <b>11</b> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A						PER STATUTE      OTH-ER E.L. EACH ACCIDENT \$ <b>12</b> E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>13</b>						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**14**                      **Attachments: Additional Insured / Waiver of Subrogation Primary, Non-contributory / Cancellation**

CERTIFICATE HOLDER <b>15</b>	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

<b>Name Of Additional Insured Person(s) Or Organization(s)</b>
<p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">SAMPLE</p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A.** In the performance of your ongoing operations; or
- B.** In connection with your premises owned by or rented to you.

**THIS ENDORSEMENT CHANGES THE POLICY.  
PLEASE READ IT CAREFULLY.**

**WAIVER OF SUBROGATION ENDORSEMENT**

Additional Insured: **City of Irwindale, its elected officials, representatives, employees and agents**

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE PART**

In consideration of the premium charged, it is agreed that as respects Additional Insureds covered under this policy by endorsement, we waive our right to subrogate against the Additional Insured where the Named Insured has waived its right of subrogation against such Additional Insured as part of a written contract with the Named Insured and only where the claims, suits and/or damages in question arise out of the sole negligence of the Named Insured. This waiver afforded shall not apply to claims, suits and/or damages arising in whole or in part out of the acts, omissions, and/or negligence of the Additional Insured.

However, this waiver does not apply in any jurisdiction or situation where such waiver is held to be illegal.

All other terms and conditions of the policy remain unchanged.