



# LIABILITY INSURANCE CERTIFICATE

## Filming and Special Events



Section 6 b) – Staff to select the required # of days. Written Notice before sending out for completion.  
Section 2 through 6 – to be completed and executed by the Insurer or its Authorized Representative

1. THIS CERTIFICATE IS ISSUED TO:

- City of Vancouver, 453 West 12<sup>th</sup> Avenue, Vancouver BC V5Y 1V4  
Attn: Manager, Film & Special Events Office / Fax (604) 257-8859
- Board of Parks and Recreation, 2099 Beach Avenue, Vancouver BC V6B 1Z4  
Attn: Coordinator, Special Events & Filming Office / Fax (604) 257-8501

and certifies that the insurance policies as listed herein have been issued to the Named Insured(s) and are in full force and effect as of the effective date of the agreement described below.

2. NAMED INSURED: [must be the same name as the Permittee/Licensee or Party(ies) to Contract and is/are either an individual(s) or a legally incorporated company(ies)]. If the Named Insured is covered under a Parent Company's insurance policy, both company names must be included as "Named Insured".

Revered Cinema Inc.

MAILING ADDRESS: Box 223, 320 Kelvin Gore Way, Lions Bay, BC V0N 2E0

FILMING OR EVENT LOCATION:

DESCRIPTION OF EVENT OR PRODUCTION TITLE:

3. COMMERCIAL GENERAL LIABILITY INSURANCE (Occurrence Form)

Including the following extensions: LIMITS OF LIABILITY: (Bodily Injury and Property Damage Inclusive)

- Personal Injury Per Occurrence: \$ 5,000,000
- Products and Completed Operations Aggregate: \$ 5,000,000
- Cross Liability or Severability of Interest All Risk Tenants' Legal Liability: \$ 5,000,000
- Employees as Additional Insureds
- Blanket Contractual Liability
- Non-Owned Auto Liability
- Host Liquor Liability

INSURER: Alliance Global Risks US Insurance Company  
 POLICY NUMBER: CAT00131570  
 POLICY PERIOD: From Oct 3, 2017 to Oct 3, 2018  
 Deductible Per Occurrence: \$ 500

4.  UMBRELLA OR  EXCESS LIABILITY INSURANCE

INSURER: \_\_\_\_\_ LIMITS OF LIABILITY: (Bodily Injury and Property Damage Inclusive)  
 POLICY NUMBER: \_\_\_\_\_ Per Occurrence: \$ \_\_\_\_\_  
 POLICY PERIOD: From \_\_\_\_\_ to \_\_\_\_\_ Aggregate: \$ \_\_\_\_\_  
Self-Insured Retention: \$ \_\_\_\_\_

5. OTHER INSURANCE (e.g. Volunteer's Accident & Death Insurance, Directors and Officers Liability Insurance) – Please specify Name of Insurer(s), Policy Number, Policy Period.

URV Liability - Insurer: Centurion Underwriters Ltd, Policy # SRV-732, Limit: \$10,000,000  
Coverage arranged by Special Risk Insurance Mgrs Ltd, Rm Oct 3, 2017 to Oct 3, 2018

6. POLICY PROVISIONS:

Where required by the governing contract, agreement, lease, permit or license, it is understood and agreed that:

- a) The City of Vancouver, Vancouver Board of Parks & Recreation, Vancouver Police Board, Vancouver Public Library Board, Vancouver Art Gallery Association, their officials, officers, employees, servants, agents, and volunteers have been added as Additional Insureds with respect to liability arising out of any activities conducted by or in connection with the operation of the Named Insured including, but not limited to, any stunt or special effect activities;
- b) The required insurance shall not be cancelled or endorsed to reduce the limits of liability without FIFTEEN (15) days' notice in writing by Registered Mail to the Holder of this Certificate. Should the policy be endorsed to restrict coverage midterm, notice of such restriction will be provided in writing by Registered Mail to the Holder of this certificate no later than effective date of change; the exception is cancellation for non-payment of premiums in which case the applicable statutory conditions will apply;
- c) The insurance policy (policies) listed herein shall be primary with respect to all claims arising out of the operation of the Named Insured. Any insurance or self-insurance maintained by the City of Vancouver, Vancouver Board of Parks & Recreation, Vancouver Police Board, Vancouver Public Library Board and Vancouver Art Gallery Association shall be in excess of this insurance and shall not contribute to it.

SIGNED BY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE

Dated: Oct. 10, 2017

PRINT NAME OF INSURER OR ITS AUTHORIZED REPRESENTATIVE, ADDRESS AND PHONE NUMBER

**FRONT ROW INSURANCE BROKERS INC.**  
602 - 1788 West Broadway  
Vancouver BC V6J 1Y1

604-684-3411