

# Film Shooting Permit Application Form

Obtaining a **film shooting permit** requires submitting a detailed form that includes insurance requirements to ensure proper coverage. This sample form guides applicants through the necessary documentation and compliance standards. It helps streamline the approval process for a safe and authorized filming experience.

## 1. Production Company Details

Company Name:

Company Address:

Contact Person:

Contact Phone:

Contact Email:

## 2. Project Details

Project Title:

Proposed Filming Dates:

e.g. June 12–15, 2024

Filming Locations (list all):

Project Description:

## 3. Insurance Requirements

- The following insurance documents must be submitted with this application:
- Certificate of General Liability Insurance (**minimum \$1,000,000 per occurrence**) naming “[City/Municipality Name]” as Additional Insured
  - Workers' Compensation Insurance as required by law
  - Automobile Liability Insurance if using vehicles in shoots
  - Proof of insurance must specify coverage dates that include the entire production period

Attach Insurance Certificate(s):

Choose File

No file selected

## 4. Additional Permits/Authorizations

Indicate if your production requires any of the following:

| Permit/Authorization | Required? | Details |
|----------------------|-----------|---------|
|----------------------|-----------|---------|

|                        |               |                                    |
|------------------------|---------------|------------------------------------|
| Drone Operation Permit | <div>No</div> | <div>If yes, provide details</div> |
| Street/Lane Closure    | <div>No</div> | <div>If yes, provide details</div> |
| Stunt/Firearms Use     | <div>No</div> | <div>If yes, provide details</div> |

## 5. Certification

I certify that all information provided is accurate and that I have read and understand the required insurance coverage for this production. I acknowledge that failure to provide proof of insurance will result in permit denial.

Authorized Representative Name:

Signature:

Date:

Submit Application