



1555 Palm Beach Lakes Blvd #900, West Palm Beach, FL 33401  
 PHONE: 561.233.1000 or 800.745.FILM \* FAX: 561.233.3113 [www.pbfilm.com](http://www.pbfilm.com)

**APPLICATION FOR USE OF COUNTY/MUNICIPAL/TAXING DISTRICT PROPERTY**

The APPLICANT agrees to have a representative on site at all times with authority over filming director, crews and all other aspects of their operation and empowered to act for the APPLICANT

**APPLICANT:** Superprime

**Representative/Title:** David Egan/Location Manager

**Address:** 9950 Jefferson Blvd, Building 3, Culver City, CA 90291

**Telephone:** 305.992.3512

**Fax:** No Fax

**Email:** [eganlocations@yahoo.com](mailto:eganlocations@yahoo.com)

**Mobile:** 305.992.3512

**Project/Title:** Gatorade

**Local Address/Hotel/Phone:** N/A

**# Of Room Nights (out of town crew/talent multiplied by nights stayed):** 0

|      |   |   |   |                                   |   |  |
|------|---|---|---|-----------------------------------|---|--|
| Type | <input type="checkbox"/> 1. Feature Film          | <input type="checkbox"/> 3. Web Content | <input type="checkbox"/> 5. TV Series/Pilot | <input type="checkbox"/> 7. Film  | <input type="checkbox"/> 9. Infomercial | <input type="checkbox"/> 11. Music Video     |
|      | <input checked="" type="checkbox"/> 2. Commercial | <input type="checkbox"/> 4. Stills      | <input type="checkbox"/> 6. Documentary     | <input type="checkbox"/> 8. Video | <input type="checkbox"/> 10. Other      | <input type="checkbox"/> 12. Student Project |

**Dates of Filming:** Prep Day-Thurseday, March 3, 2016

**Times:** 6:00am-7:00pm

**Insurance On File/ Attached?** Yes

Filming Day-Friday, March 4, 2016

**Locations in Palm Beach County (Each MUNICIPALITY, COUNTY, or TAXING DISTRICT owned location must be identified separately):**

The Delray Beach Tennis Center-201 W Atlantic Ave, Delray Beach, FL 33444

**Nature of the Shoot:** Production company is permitted to film their own talent practicing their sport at the Delray Beach Tennis Center main court, as well as waking up in a bedroom set on the 2<sup>nd</sup> Floor of the facility above the Pro Shop. Production company is permitted to have exclusive access to these areas during the date and times listed on the facility contract. Production company must not impede on any pedestrian/vehicular traffic, any normal activities, and cannot impact public use of any areas, unless otherwise approved by the Delray Beach Tennis Center. Production company agrees not to capture images of any persons/entities that indicate that they do not want to be filmed or included in the shoot. Production company is responsible for any and all damages caused to City of Delray Beach property as a result of this activity. Upon completion, crew shall remove all equipment, personal belongings and waste from the property and must leave the area in the same or better condition than prior to filming. Production company is not permitted to film on any unauthorized private property. Insurance attached is for public property and does not include insurance protection for any privately owned property or businesses.

**See Attachment for a continuation of this section.**

Identify any special MUNICIPALITY, COUNTY, or TAXING DISTRICT assistance required

|                                     |   |                           |                                       |
|-------------------------------------|---|---------------------------|---------------------------------------|
| <input checked="" type="checkbox"/> | Traffic Control   | Street Closing            | Shots of Police/Fire/Rescue Equipment |
|                                     | <b>Parking-Two motorhomes, one tow generator, one camera truck, one production truck, three vans, one catering truck, and twenty-five crew cars are permitted to be parked. See Attachment.</b> | # Parking Spaces Required | Other (explain)                       |

If a shoot is cancelled, it is the sole responsibility of the Production Company to notify hired law enforcement. The Production Company will assume responsibility for compensation should the Production Company fail to deliver proper notification.

Identify all Unusual Activities:

|     |                                    |                                     |  |
|-----|------------------------------------|-------------------------------------|--|
| N/A | <input type="checkbox"/> Stunts    | <input type="checkbox"/> Animals    | <input type="checkbox"/> Explosives/Fireworks  |
|     | <input type="checkbox"/> Fire Arms | <input type="checkbox"/> Fires      | <input type="checkbox"/> Airplanes/Helicopters |
|     | <input type="checkbox"/> Vehicles  | <input type="checkbox"/> Watercraft | <input type="checkbox"/> Other (explain)       |

The FTC shall require script approval for all scenes shot on Palm Beach County School Property. Additionally, films must not use the School name or contain scenes depicting alcohol, tobacco and drug use, nudity, or violence. Production Company shall contact Film Commission, not municipality staff, should any interruptions arise on or near the set.

**Estimated Budget:** \$175,000    **Production Days:** 2    **Estimated Personnel Per Day:** 60    **Local PB County Crew:** 12

By signing this application, the applicant acknowledges and agrees to the insurance and indemnification provisions: Evidence of insurance issued by companies satisfactory to the County, naming the County, any Municipality and Taxing District in which filming will be conducted as additional insureds, in the minimum amount of \$1,000,000 for general liability and vehicle liability, and workman's compensation insurance as required by Florida statutes, must be provided with the application. Some municipalities or activities may require additional insurance. The applicant agrees to indemnify and save harmless the County, each Municipality and Taxing District in which activities are conducted, their agents servants, and employees from and against all claims, liability, losses, and/or cause of any actions which may arise from any negligent act or omission of the applicant, its agent, servants, or employees. The applicant further agrees to indemnify save harmless and defend the County and each Municipality in which activities are conducted, their agents, servants, and employees from and against any claims, demands, or cause of action of whatsoever kind or nature arising out of any conduct or misconduct of the applicant not included in the paragraph above and for which the County or Municipality, their agent, servants, or employees are alleged to be liable. The applicant agrees to immediately pay the County, each Municipality, Taxing District for any services provided by them at their usual rates. The Film and Television Commission will provide coordination and advise the applicant of estimated costs. The applicant agrees to immediately cease production during all emergency situations including, but not limited to, hurricanes, actual or imminent as evidenced by declaration of a hurricane watch or advisory, floods, acts of God, acts of war, acts of public enemies or civil disturbances. Once a local state emergency (Local, State or Federal) is declared, this permit and all its attachments are hereby rescinded. The applicant must contact the Palm Beach County Film and Television Commission to reschedule the filming activity.

|  |   |
|--|---|
| <b>Production Company Applicant:</b><br>Superprime   | <b>Date:</b><br>Wednesday, March 2, 2016  |
| <b>By Name/Title:</b><br>David Egan/Location Manager | <b>Film Commission Approval Name/Title:</b><br>Christy Andreoni/Production Director |
| <b>Signature:</b><br>On File                         | <b>Signature:</b><br>   |

If any situations or problems arise please contact the Palm Beach County Film & Television Commission.

| Each Municipality, Taxing District and/or County Department | Contact Person   |
|---|--|
| Delray Beach Tennis Center                                  | Sharon Painter Ph: 561.265.0255 Email: <a href="mailto:sfgolf@aol.com">sfgolf@aol.com</a>              |
| City of Delray Beach  | Rosanne Dechicchio/Shondra Young Ph: 561.243.7190 Permit sent via email                                |
| City of Delray Beach Parks and Recreation (FYI)             | Tim Simmons/Suzanne Fisher Davis Ph: 561.243.7251/7260 Permit sent via email                           |
| Delray Beach Police Department (FYI)                        | Captain Battiloro/Lt. Moschette Ph: 561.243.7888 Permit sent via email                                 |
| City of Delray Beach Public Works and Parking (FYI)         | Jim Schmitz/Clayton Gilbert Ph: 561.243.7334 Permit sent via email                                     |
| Palm Beach County Public Affairs (FYI)                      | Lisa De La Rionda Ph: 561.355.2754 Email: <a href="mailto:Ldelario@pbcgov.org">Ldelario@pbcgov.org</a> |
| Palm Beach County Film and Television Commission            | Christy Andreoni Ph: 561.233.1000 Ph:561.233.3113 Cell: 561.352.4499                                   |

**Additional Requirements or Instructions:** The production company will not impede on the public. If shooting or using private or leased property, or the signage of private or leased property, permission must be obtained from the property owner prior to the shoot.

## Attachment to Superprime Permit No. 16-070

The following filming activity will take place starting with a prep day on Thursday, March 3 and a filming day on Friday, March 4, 2016 in between the hours of 6:00am-7:00pm at the Delray Beach Tennis Center-201 W Atlantic Ave, Delray Beach, FL 33444.

### **Nature of the Shoot (Continued from Page 1):**

Permitted Equipment: Two cameras, tripod, six lights and a jib arm. All equipment is battery-powered, and does not need to be plugged-in to any outlets. Permitted Props: Tennis related items, bedroom set consisting of a queen size bed, drapes, and 2-3 cabinets. All equipment must be easily mobile. Production company will have a designated crew member to direct any pedestrians around equipment or prop set-ups. If any cables/cords/wires will be on the ground, they must be properly covered at all times to ensure safety. Production company is not permitted to film or have any talent, crew, equipment or props in any streets at any time. No stunts or special effects are permitted.

### **Identify Any Special Municipality, County, or Taxing District Assistance Required:**

**Parking Continued from Page 1:** Production company must park all vehicles legally at all times. Parking is first-come, first serve. Parking is not permitted on any unauthorized private property. Parking fees are the responsibility of the production company. Production company is responsible for the security of their own vehicles. Emergency vehicles must be able to get through the streets at all times. Fire hydrants are not permitted to be blocked. Production company must place a sign in the dashboard of each vehicle that is a part of the production. See below for a copy of the sign.

### **Placard for Dashboards of On-Location Vehicles THIS VEHICLE IS PART OF A PERMITTED PRODUCTION!**

Superprime is permitted to film footage for a Gatorade commercial starting with a prep day on Thursday, March 3 and a filming day on Friday, March 4, 2016 in between the hours of 6:00am-7:00pm. This vehicle is one of the production vehicles. Per the City of Delray Beach, the two-hour parking limit has been waived for this production. Fees are not waived. If you are with law enforcement please call the Palm Beach County Film & Television Commission at 561.233.1000 for a copy of the filming permit or if you have any questions.

Production Company Representative Name: (Please print) David Egan

Title: Location Manager

Production Company Representative Signature: On File

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)  
2/26/2016

**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).**

|   |  |   |   |                               |
|---|--|---|---|-------------------------------|
| <b>PRODUCER</b><br>Aon/Albert G. Ruben Co. of NY, Inc.<br>171 Madison Avenue, Suite 401<br>New York, NY 10016 |  | Aon/Albert G. Ruben Insurance Services of CA<br>15303 Ventura Boulevard, Suite 1200<br>Sherman Oaks, CA 91403 | <b>Contact Name:</b> John Galanis<br><b>Phone:</b> 212-463-5589<br><b>Email:</b> aonrubenwp@aon.com | James Pedrick<br>212-337-4356 |
| <b>INSURED</b><br>Superprime<br>9950 Jefferson Blvd, Building 3<br>Culver City, California 90291              |  | <b>Insurer's Affording Coverage</b>   |   | <b>NAIC #</b>                 |
|   |  | INSURER A: Great Divide Insurance Company   |   |                               |
|   |  | INSURER B: Fireman's Fund Insurance Company   |   |                               |
|   |  | 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. LIMITS SHOWN ARE AS REQUESTED.

| INSR LTR | TYPE OF INSURANCE   | ADDL INSR | SUBR WVD | POLICY NUMBER                   | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                                     |
|----------|---|-----------|----------|---------------------------------|-------------------------|-------------------------|---|-------------------------------------|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC  | X         |          | CPA1000004-21<br>\$0 Deductible | 01/01/16                | 01/01/17                | EACH OCCURRENCE                           | \$1,000,000                         |
|          |   |           |          |                                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | Excluded *                          |
|          |   |           |          |                                 |                         |                         | PERSONAL & ADV INJURY                     | \$1,000,000                         |
|          |   |           |          |                                 |                         |                         | GENERAL AGGREGATE                         | \$2,000,000                         |
|          |   |           |          |                                 |                         |                         | PRODUCTS - COMP/OP AGG                    | \$1,000,000                         |
|          |   |           |          |                                 |                         |                         | MEDICAL EXPENSE                           | EXCLUDED                            |
| A        | <b>AUTOMOBILE LIABILITY</b><br>ANY AUTO<br><input checked="" type="checkbox"/> ALL OWNED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS<br><input checked="" type="checkbox"/> AUTO PHYS. DAM. **<br><input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> NON-OWNED AUTOS | X         |          | CPA1000004-21<br>\$0 Deductible | 01/01/16                | 01/01/17                | COMBINED SINGLE LIMIT (Ea accident)       | \$1,000,000                         |
|          |   |           |          |                                 |                         |                         | BODILY INJURY (Per person)                | \$                                  |
|          |   |           |          |                                 |                         |                         | BODILY INJURY (Per accident)              | \$                                  |
|          |   |           |          |                                 |                         |                         | PROPERTY DAMAGE (Per accident)            | \$                                  |
|          |   |           |          |                                 |                         |                         | AUTO PHYSICAL DAMAGE                      | Included in Miscellaneous Equipment |
| A        | <input checked="" type="checkbox"/> Umbrella Liab<br><input checked="" type="checkbox"/> Excess Liab<br>DEDUCTIBLE  |           |          | CUA1000005-21<br>SSE00015203177 | 01/01/16<br>01/01/16    | 01/01/17<br>01/01/17    | EACH OCCURRENCE                           | \$25,000,000                        |
|          |   |           |          |                                 |                         |                         | AGGREGATE                                 | \$25,000,000                        |
|          |   |           |          |                                 |                         |                         |   | \$                                  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          | NOT COVERED HEREUNDER           |                         |                         | WC Statutory Limits                       | Other                               |
|          |   | N/A       |          |                                 |                         |                         | E.L. Each Accident                        | \$                                  |
|          |   |           |          |                                 |                         |                         | E.L. Disease - EA Employee                | \$                                  |
|          |   |           |          |                                 |                         |                         | E.L. Disease - Policy Limit               | \$                                  |
| A        | <b>WORLDWIDE PRODUCTION PACKAGE</b><br>MISCELLANEOUS EQUIPMENT**<br>PROPERTY OF OTHERS*<br>PROPS, SETS & WARDROBE   |           |          | CPA1000004-21<br>\$0 Deductible | 01/01/16                | 01/01/17                | LIMIT                                     | DEDUCTIBLE                          |
|          |   |           |          |                                 |                         |                         | \$5,000,000                               | n/a                                 |
|          |   |           |          |                                 |                         |                         | \$5,000,000                               | n/a                                 |
|          |   |           |          |                                 |                         |                         | \$5,000,000                               | n/a                                 |

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

Omnicom Inc. - TBWA\Chiat\Day LA - The Kid, B0106.

Certificate holder is Additional Insured (by "Blanket" Endorsement) under General and Auto Liability but only with regard to claims arising from the negligence of the Named Insured and as required by written contract. Certificate Holder is Loss Payee as respects Miscellaneous Equipment (covered at Replacement Cost when required by contract), Props, Sets & Wardrobe, and Hired/Non-owned Auto Physical Damage. All coverage is subject to terms and conditions of policies of insurance. This Certificate does not amend, extend or alter the coverage afforded by the policies above.

**CERTIFICATE HOLDER**

Palm Beach County Board of County Commissioners and the Palm Beach County Film and Television Commission  
1555 Palm Beach Lakes Blvd. Suite 900  
West Palm Beach, FL 33401

**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

Aon/Albert G. Ruben Insurance Services, Inc.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YYYY)  
2/26/2016

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|  |   |   |               |
|--|---|---|---------------|
| <b>PRODUCER</b>  |   | <b>Contact Name:</b> John Galanis           | James Pedrick |
| Aon/Albert G. Ruben Co. of NY, Inc.<br>171 Madison Avenue, Suite 401<br>New York, NY 10016 | Aon/Albert G. Ruben Insurance Services of CA<br>15303 Ventura Boulevard, Suite 1200<br>Sherman Oaks, CA 91403 | <b>Phone:</b> 212-463-5589                  | 212-337-4356  |
|  |   | <b>Email:</b> agnrubenwo@aon.com            |               |
|  |   | <b>Insurer's Affording Coverage</b>         | <b>NAIC #</b> |
| <b>INSURED</b>   |   | INSURER A: Great Divide Insurance Company   |               |
| Superprime<br>9950 Jefferson Blvd, Building 3<br>Culver City, California 90291             |   | INSURER B: Fireman's Fund Insurance Company |               |
|  |   | INSURER C:                                  |               |
|  |   | INSURER D:                                  |               |
|  |   | INSURER E:                                  |               |
|  |   | INSURER F:                                  |               |

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

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| INSR LTR | TYPE OF INSURANCE  | ADDL INSR                                 | SUBR WVD | POLICY NUMBER  | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |                                     |
|----------|--|---|----------|----------------|-------------------------|-------------------------|---|-------------------------------------|
| A        | <b>GENERAL LIABILITY</b>   |   |          | CPA1000004-21  | 01/01/16                | 01/01/17                | EACH OCCURRENCE                           | \$1,000,000                         |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY   |   |          | \$0 Deductible |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | Excluded *                          |
|          | CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  | X   |          |                |                         |                         | PERSONAL & ADV INJURY                     | \$1,000,000                         |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |   |          |                |                         |                         | GENERAL AGGREGATE                         | \$2,000,000                         |
|          | POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/>                           |   |          |                |                         |                         | PRODUCTS - COMP/OP AGG                    | \$1,000,000                         |
|          |  |   |          |                |                         |                         | MEDICAL EXPENSE                           | EXCLUDED                            |
| A        | <b>AUTOMOBILE LIABILITY</b>  |   |          | CPA1000004-21  | 01/01/16                | 01/01/17                | COMBINED SINGLE LIMIT (Ea accident)       | \$1,000,000                         |
|          | ANY AUTO   |   |          | \$0 Deductible |                         |                         | BODILY INJURY (Per person)                | \$                                  |
|          | ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS   | X   |          |                |                         |                         | BODILY INJURY (Per accident)              | \$                                  |
|          | <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS                                |   |          |                |                         |                         | PROPERTY DAMAGE (Per accident)            | \$                                  |
|          | <input checked="" type="checkbox"/> AUTO PHYS. DAM. **   |   |          |                |                         |                         | AUTO PHYSICAL DAMAGE                      | Included in Miscellaneous Equipment |
| A        | <input checked="" type="checkbox"/> Umbrella Liab  | <input checked="" type="checkbox"/> OCCUR |          | CUA1000005-21  | 01/01/16                | 01/01/17                | EACH OCCURRENCE                           | \$25,000,000                        |
| B        | <input checked="" type="checkbox"/> Excess Liab  | <input type="checkbox"/> CLAIMS-MADE      |          | SSE00015203177 | 01/01/16                | 01/01/17                | AGGREGATE                                 | \$25,000,000                        |
|          | DEDUCTIBLE   |   |          |                |                         |                         |   | \$                                  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>   |   |          |                |                         |                         | WC Statutory Limits                       | Other                               |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below |   |          | Y/N            | N/A                     |                         | E.L. Each Accident                        | \$                                  |
|          |  |   |          |                |                         |                         | E.L. Disease - EA Employee                | \$                                  |
|          |  |   |          |                |                         |                         | E.L. Disease - Policy Limit               | \$                                  |
| A        | <b>WORLDWIDE PRODUCTION PACKAGE</b>  |   |          | CPA1000004-21  | 01/01/16                | 01/01/17                | LIMIT                                     | DEDUCTIBLE                          |
|          | MISCELLANEOUS EQUIPMENT**  |   |          | \$0 Deductible |                         |                         | \$5,000,000                               | n/a                                 |
|          | PROPERTY OF OTHERS *   |   |          |                |                         |                         | \$5,000,000                               | n/a                                 |
|          | PROPS, SETS & WARDROBE   |   |          |                |                         |                         | \$5,000,000                               | n/a                                 |

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

Omnicom Inc. - TBWA\Chiat\Day LA - The Kid, B0106.

City of Delray Beach is Additional Insured (by "Blanket" Endorsement) under General and Auto Liability but only with regard to claims arising from the negligence of the Named Insured and as required by written contract. Certificate Holder is Loss Payee as respects Miscellaneous Equipment (covered at Replacement Cost when required by contract), Props, Sets & Wardrobe, and Hired/Non-owned Auto Physical Damage. All coverage is subject to terms and conditions of policies of insurance. This Certificate does not amend, extend or alter the coverage afforded by the policies above.

**CERTIFICATE HOLDER**

Delray Beach Board of City Commissioners  
100 N.W First Avenue  
Delray Beach, FL 33444

**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

Aon/Albert G. Ruben Insurance Services, Inc.

**STATEMENT OF EXEMPTION FROM WORKER'S COMPENSATION REQUIREMENT**

TO: The Palm Beach County Film & Television Commission  
Chuck Elder, Film Commissioner  
1555 Palm Beach Lakes Boulevard, Suite 900  
West Palm Beach, FL 33401  
561.233.1000 / 800.745.3456 Phone  
561.233.3113 Fax

By signing below, I affirm the following:

1. We do not employ more than three persons (including Corporate Officers, if any), and therefore are exempt from the Florida Workers Compensation Law.
2. We do not carry Florida Workers Compensation insurance.
3. Any persons that we may engage to work will have legal status as independent contractors, and not employees.
4. All such independent contractors have been advised that they are not covered for Workers Compensation insurance, and would be responsible for carrying their own such coverage if they desire.
5. If we should fall under Florida's requirement for carrying Workers Compensation insurance, we shall immediately obtain such coverage and provide evidence of it to you.

Accordingly, we hereby apply for exemption from Palm Beach County's requirement for carrying Workers Compensation insurance for permitting purposes.

Superprime

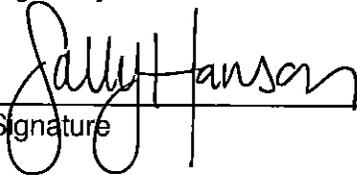
\_\_\_\_\_  
Company Name

9950 Jefferson Blvd. Bldg 3 Culver City, CA 90232

\_\_\_\_\_  
Company Street Address/City/State/Zip Code

Sally Hanson

\_\_\_\_\_  
Signatory Printed Name

  
\_\_\_\_\_  
Signature

Production Supervisor

\_\_\_\_\_  
Title

2/26/16

\_\_\_\_\_  
Date