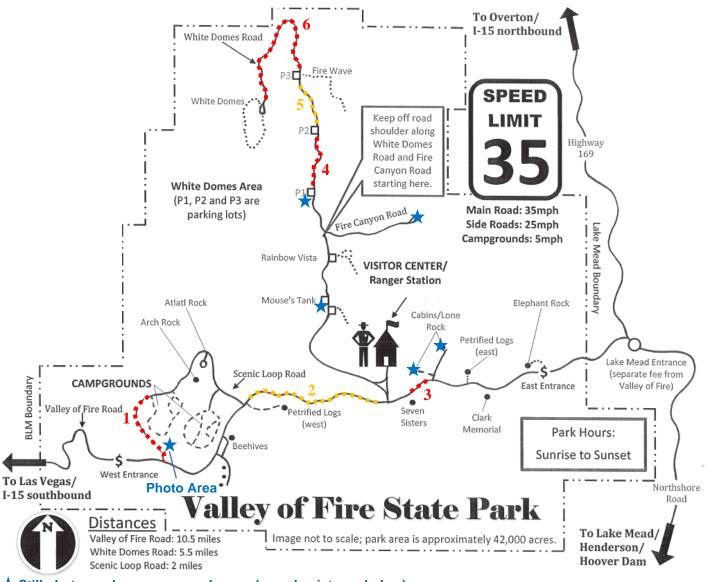


VALLEY OF FIRE STATE PARK

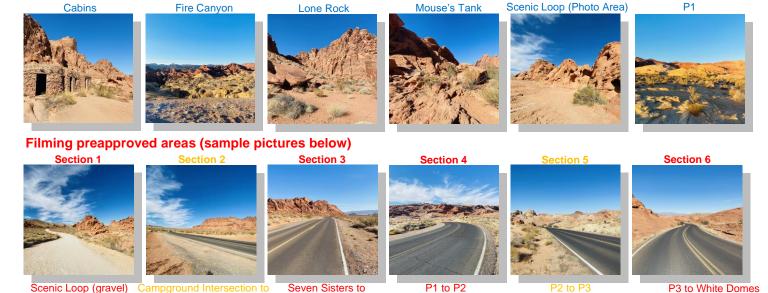
STATE OF NEVADA DIVISION OF STATE PARKS APPLICATION FOR PHOTOGRAPHY/FILMING

| Name of Company | | | | |
|--|--|-----------------|---|-----------------------|
| Address | | | | |
| City | State (Province/Coun | try) | Zip | |
| Telephone Number | Email A | ddress | | |
| Name and phone number of | on-site representative: | | | |
| Dates Requested | to | or | Class A A | nnual Permit |
| Park is open from sunrise-su. If yes, include requested hours pri | | | ☐ Yes | □ No |
| Do you intend on using a dro | ne or other UAV? | | ☐ Yes | □ No |
| Brief description of the film/p generators, and any livestock/wild | | 2 2 | • | |
| | | | | |
| Cabins Fire Canyon | tached map for details): approved Areas (check all tha Lone Rock Mouse's T | ank Scenic Loop | (Photo Area) |) |
| Section 1 Section | Areas (check all that apply): 2 | _ | ection 5 | Section 6 |
| Permit Categories (in additional Class A (1-3 vehicles or 2-Class B (4-7 vehicles or 16 Class C (8-11 vehicles or 3 Class D (12-15 vehicles or 16 Class D (12-15 vehicles or 16 Class D (12-15 vehicles or 17 vehicles or 18 Class D (12-15 vehicles or 18 vehicles o | n to permit fees, each vehicle 15 people) \$50 | | 76-100 people 101-400 people 100+ people) | ole) \$2100 \$3500 |
| Permittee Signature | | | | |

Preapproved Photography/Filming Areas - Valley of Fire State Park



★ Still photography preapproved areas (sample pictures below)



Cabins Intersection

2 of 7

Insurance Requirements

You must provide a certificate of liability insurance (see attached sample).

You must have, and keep in force, liability insurance, including comprehensive general liability with personal injury, contractual and broad form property damage liability endorsements, which name the State of Nevada, Division of State Parks, Department of Conservation and Natural Resources, its officers and employees as additional insured under the terms of the **PERMITTEE'S** policy. Said coverage will be sufficient to cover all liabilities that might arise out of the use of park facilities and/or liabilities incurred by **STATE** or your personnel. Such insurance shall be underwritten by insurers satisfactory to **STATE**. See attached sample for minimum requirements. **PERMITTEE** will be responsible for all damages, physical and monetary, incurred during permitted period.

You must provide a <u>separate additional insured endorsement</u> (see attached sample).

The endorsement must contain the following required language:

"The State of Nevada, Division of State Parks, Department of Conservation and Natural Resources, its officers, employees, and agents are named via endorsement as additional insured under the terms of this policy."

The endorsement must be tied to the corresponding certificate of liability insurance by listing the associated policy number.

By endorsement to the general liability insurance policy evidenced by **PERMITTEE**, as defined in NRS 41.0307, **STATE** shall be named as additional insured for all liability arising out of Permittee's commercial operation within the park. An additional insured endorsement form, signed by an authorized insurance company representative, must be submitted to the State to evidence the endorsement of the State as an additional insured.

A signed complete certificate of insurance and a copy of the endorsed policy with all the endorsements required shall be attached to the application and submitted at least 30 days prior to beginning date. The insurance policy will not be cancelled or materially altered without prior written notice to **STATE**.

INSURANCE REQUIREMENTS FOR CONTRACTS

C. Sample Certificate

| | | $\overline{}$ | | | | | | | | | | _ | | | | |
|---|--|--------------------------|-----------------|--------|---|----------|--|---|-------------------|----------------------------|---------------|---|--------|------------|--|--|
| Ą | C | ORE | y. | | CER | ΓIF | IC | ATE OF LIA | \BIL | ITY IN | SURA | NCE | DATE | (MWDDYYYY) | | |
| 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. | | | | | | | | | | | | | | | | |
| th | IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 endorsements). | | | | | | | | | | | | | | | |
| PRO | | | JUI 111 | | or outlin sinus | Conne | , indo | r | CONTA | iCT | | | | | | |
| - 100 | | | | | | | | | PHONE (AJC, N | | | FAX | | | | |
| l | | | | | | | | | | | | (A/C, No): | | | | |
| l | | | | | | | | | ADDRE | E-MAIL ACORESS: | | | | | | |
| l | | | | | | | | | | | URER(S) AFFOR | IDING COVERAGE | | NAIC # | | |
| INSU | BED | | | | | | | | INSUR | | | | | | | |
| mac | - | | | | | | | | | INSURER B: | | | | | | |
| l | | | | | | | | | | INSURER C: | | | | | | |
| l | | | | | | | | | - | INSURER D : INSURER E : | | | | | | |
| l | | | | | | | | | - | | | | | | | |
| | /ED | ACER | | | OF. | TIEN | | E NUMBER: | INSUR | ERF: | | DEVISION NUMBER: | | | | |
| | | AGES | DTIEV | THAT | | | | E NUMBER: RANCE LISTED BELOW H | AVE DED | N ISSUED TO | | REVISION NUMBER: | UE BOI | ICA BEBIOD | | |
| IN CE | DIC/ | ATED. N FIGATE I | MAY B | THST/ | ANDING ANY R BUED OR MAY | PER1 | REME TAIN, | ENT, TERM OR CONDITION THE INSURANCE AFFOR LIMITS SHOWN MAY HAV | N OF AN DED BY | Y CONTRACT THE POLICIE | OR OTHER I | DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO | ст то | WHICH THIS | | |
| INSR | | | PE OF | | | | BUBR | | | (MM/DDYYYY) | POLICY EXP | LIMIT | * | | | |
| LIR | GEN | VERAL LIA | | | | INSK | WVU | POLICI HUMBER | | (MM/DCFTTT) | (MM/DDYYYY) | EACH OCCURRENCE | _ | 000,000 | | |
| | | COMMER | CIAL CI | ENER | AL LIABILITY | 1 | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 000,000 | | |
| | | | MS-MA | | OCCUR | 1 | | | | | | MED EXP (Any one person) | 8 | | | |
| | | Η | - | _ | CCCCR | 1 | | | | | | PERSONAL & ADV INJURY | _ | 000,000 | | |
| | | | | | | 1 | | | | | | GENERAL AGGREGATE | - | 000,000 | | |
| | CEI | M ACCRE | CATEL | IMIT A | PPLIES PER: | 1 | | | | | | PRODUCTS - COMP/OP AGG | | 000,000 | | |
| | GE | POLICY | | Ber O | LOC | 1 | | | | | | PRODUCTS - COMPION AGG | \$ | 000,000 | | |
| \vdash | AUT | OMOBILE | | | 200 | + | \vdash | | | | | COMBINED SINGLE LIMIT (Es accident) | | | | |
| | | ANY AUT | 0 | | | 1 | | | | | | BODILY INJURY (Per person) | \$ | | | |
| | | ALL OWN | | \Box | SCHEDULED | 1 | | | | | | BODILY INJURY (Per accident) | 8 | | | |
| | | AUTOS HIRED AL | mos | Н | NON-OWNED AUTOS | 1 | | | | | | PROPERTY DAMAGE (Per accident) | 8 | | | |
| | | THE PAR | | Н | AUTOS | 1 | | | | | | (Per accidency | 8 | | | |
| \vdash | | UMBRELI | A LIAB | 1 | OCCUR | ${}^{+}$ | \vdash | | | | | EACH OCCURRENCE | 8 | | | |
| | | EXCESS | LIAB | ı | CLAIMS-MADE | | | | | | | AGGREGATE | 8 | | | |
| | | DED | RET | ENTIO | | 1 | | | | | | | 8 | | | |
| | | RKERS CO | MPENS | ATION | | + | \vdash | | | | | WC STATU- TORY LIMITS ER | • | | | |
| | ANY | PROPRIET | ORPA | RTNER | VEXECUTIVE Y/N | | | | | | | EL EACH ACCIDENT | \$ | | | |
| | (Ma | ndatory in | NH) | | | N/A | | | | | | E.L. DISEASE - EA EMPLOYEE | 8 | | | |
| | DES | s, describe SCRIPTION | under OF OPS | ERATIO | ONS below | 1 | | | | | | E.L. DISEASE - POLICY LIMIT | 8 | | | |
| | | | | | | | | | | | | | | | | |
| | | nau ca ca | | | | | | | | | | | | | | |
| The State of Nevada, Division of State Parks, Department of Conservation and Natural Resources, its officers, employees, and agents are named via endorsement as additional insured under the terms of this policy. | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| CE | RTIF | ICATE | HOLD | ER | | | | | CAN | CELLATION | | | | | | |
| 901 S. Stewart St. #5005 | | | | | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN | | | | | | | | | | | |
| C Cit. NV 00704 | | | | | | AC | ACCORDANCE WITH THE POLICY PROVISIONS. | | | | | | | | | |

ACORD 25 (2010/05)

901 S. Stewart St. #5005 Carson City, NV 89701

> © 1988-2010 ACORD CORPORATION. All rights reserved. The ACORD name and logo are registered marks of ACORD

AUTHORIZED REPRESENTATIVE



POLICY NUMBER: (enter policy # here)

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

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

Name Of Additional Incured Person(s) Or Organization(s)

SCHEDULE

| Name of Additional Insured Forson(s) of Organization(s) |
|---|
| The State of Nevada, Division of State Parks, Department of Conservation and Natural Resources, its officers, employees, and agents are named via endorsement as additional insured under the terms of this policy. |
| |

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.

NEVADA DIVISION OF STATE PARKS PHOTOGRAPHY/FILMING RULES AND REGULATIONS

This page must be signed, dated, and submitted with application paperwork.

- 1. Filming/photography is allowed in the preapproved areas; all other areas require advance approval.
- 2. There is a \$100/day non-refundable fee to reserve dates for Classes B-G. This fee is in addition to permit fees.
- 3. Filming/photography prohibited on weekends and holidays (Class A photography is the exception).
- 4. Park hours are sunrise to sunset. Early setup and after-hours access requires advance approval.
- 5. If any vehicles or other equipment remain in the park overnight, security must be provided by Permittee.
- 6. Any filming on roadways requires intermittent traffic control (ITC). Permittee must have:
 - Law enforcement on each side of the controlled area;
 - Public access must be granted through controlled areas, with hold times of no more than 5 minutes;
 - Areas will be limited to one section at a time, with closures limited to 1-mile increments;
 - No "rolling road blocks"
 - All vehicles, including traffic control, are included in total count for permit fee purposes.
- 7. If the permittee has 20 or more vehicles, two (2) site representatives must be provided and on-site.
- 8. Off-road driving and off-road parking are strictly prohibited. On-site representatives will be held responsible.
- 9. Permittee shall not obstruct any public access.
- 10. Emergency vehicle access must be provided at all times.
- 11. Parking along White Domes Road is restricted to designated areas only.
- 12. The speed limit is 35mph on Valley of Fire Road and 25mph on White Domes Road; limits are strictly enforced.
- 13. Any removal or alteration of signs, road markers, or road lines must have prior approval.
- 14. All trash from Permittee must be removed, and area returned to original state.
- 15. State laws protect all plants, animals, rocks and minerals within the park; removal or disturbance is prohibited.
- 16. Nude photography is prohibited.
- 17. Park office facilities and equipment are not available for use by Permittee.
- 18. Park staff will not accept any messages for Permittee, except in the case of a life-threatening emergency.
- 19. **<u>Drones</u>**: Permittee must provide the drone operator's current Remote Pilot Certificate issued by the FAA.
- 20. Violations to any park rules or regulations are subject to fines and permit revocation.

| Signature | Date |
|-----------|------|

Application Packet Checklist

| Completed Application for Photography/Filming | NEVADA STATE PARKS |
|--|-----------------------|
| Certificate of liability insurance (COI) | 1 |
| ☐ Additional insured endorsement with required wording (separate from the COI) | |
| Signed and dated Photography/Filming Rules & Regulations | |
| ☐ Email completed application packet to vofsp@parks.nv.gov Completed application packets must be submitted no less than 30 days prior to photograp | hy/filming date |
| Non-refundable \$100/day reservation fee to reserve dates, if necessary, payable of at 702.397.2088 (option 4, option 2, option 1) | over the phone |
| ☐ Schedule in-person site locate meeting before shooting/filming, can be scheduled over the phone at 702.397.2088 (option 4, option 2, option 1) | via email or |
| Schedule traffic control, if necessary Nevada State Police, Contract Services Division, 702.432.5134 Las Vegas Metropolitan Police Department, Events Planning Division, 702.828.3 | 3442 |

