



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

**Name of Company** \_\_\_\_\_

**Primary Contact** \_\_\_\_\_

**Telephone** (\_\_\_\_) \_\_\_\_\_

**Name of applicant's representative while on site**

\_\_\_\_\_

**Telephone** (\_\_\_\_) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Park Name** \_\_\_\_\_

**Areas of Intended Use** \_\_\_\_\_

\_\_\_\_\_

**Dates Requested** \_\_\_\_\_ **to** \_\_\_\_\_

**Maximum number of persons to be in the park including photographers, staff, and clients**

\_\_\_\_\_

**Would you like any employee (watchman) to stay in the park overnight?**    **No**    **Yes**

**(Explain)** \_\_\_\_\_

\_\_\_\_\_

**How many vehicles will be used? Please enter appropriate numbers.**

**Buses** \_\_\_\_\_ **Trucks (3 tons or less)** \_\_\_\_\_ **Passenger Cars** \_\_\_\_\_

**Trucks (over 3 tons)** \_\_\_\_\_ **Motorhomes/Trailers** \_\_\_\_\_

**Cranes, Heavy Equipment, Generators etc.** \_\_\_\_\_

**Description of the nature of the film/pictures, include any props and sets, fires, explosives and any livestock/wildlife that may be used.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If using wildlife in filming or photography, you must contact Division of Wildlife (DOW) prior to the possession/importation of any wildlife. DOW personnel can then advise you if any permits will be required for the wildlife.**

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (    ) \_\_\_\_\_ Policy # \_\_\_\_\_

Endorsement Date \_\_\_\_\_ Expiration Date \_\_\_\_\_

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, its Division of State Parks, officers and employees as an additional insured under the terms of the **PERMITTEE'S** policy. Said coverage will be sufficient to cover all liabilities which 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** and provide the following minimum limits of coverage: \$2,000,000 general, \$1,000,000 each occurrence. Combined Single Limit.

By endorsement to the general liability insurance policy evidenced by PERMITTEE, as defined in NRS41.0307, STATE shall be named as additional insureds 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.

**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 IS NAMED VIA ENDORSEMENT AS AN ADDITIONAL INSURED UNDER THE TERMS OF THIS POLICY."**

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.

\_\_\_\_\_  
SIGNATURE AND TITLE OF APPLICANT

\_\_\_\_\_  
DATE

# **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 separate additional insured endorsement (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



### 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):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
INSURED	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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		N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

#### CERTIFICATE HOLDER

#### 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

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# SAMPLE

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

### **SCHEDULE**

Name Of Additional Insured Person(s) Or Organization(s)
<p><b>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.</b></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.

## 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 areas approved in the permit.
2. Park hours are available on our website [parks.nv.gov](https://parks.nv.gov). Early setup or late departure requires advance approval.
3. If any vehicles or other equipment remain in the park overnight, security must be provided by Permittee with prior approval only.
4. 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.
5. If the permittee has 20 or more vehicles, two (2) site representatives must be provided and on-site.
6. Off-road driving and off-road parking are strictly prohibited. On-site representatives will be held responsible.
7. Permittee shall not obstruct any public access.
8. Emergency vehicle access must be provided at all times.
9. Any removal or alteration of signs, road markers, or road lines must have prior approval.
10. All trash from Permittee must be removed, and area returned to original state.
11. State laws protect all plants, animals, rocks and minerals within the park; removal or disturbance is prohibited.
12. Nude photography is prohibited.
13. Park office facilities and equipment are not available for use by Permittee.
14. Park staff will not accept any messages for Permittee, except in the case of a life-threatening emergency.
15. **Drones**: Permittee must provide the drone operator's current Remote Pilot Certificate issued by the FAA.
16. Violations to any park rules or regulations are subject to fines and permit revocation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Signature implies acknowledgment and acceptance of rules and regulations.**

# Application Packet Checklist



- ☐ Completed *Application for Photography/Filming*.
- ☐ Certificate of liability insurance (COI).
- ☐ Additional insured endorsement with required wording (separate from the COI).
- ☐ Signed and dated *Photography/Filming Rules & Regulations*.
- ☐ Email completed application packet for all parks other than Sand Harbor State Park to [stparks@parks.nv.gov](mailto:stparks@parks.nv.gov). For Sand Harbor State Park email completed application packet to [shsp@parks.nv.gov](mailto:shsp@parks.nv.gov).  
**Completed application packets must be submitted no less than 30 days prior to photography/filming date**
- ☐ Non-refundable \$25 application fee, payable over the phone at 775.684.2770 or 775.831.0494 for Sand Harbor State Park.
- ☐ Schedule in-person site locate meeting before shooting/filming, can be scheduled via email or over the phone at 775.684.2770 or 775.831.0494 for Sand Harbor State Park.
- ☐ If traffic control is necessary, called and coordinated with the park directly.