



State of Hawaii - Department of Business, Economic Development & Tourism
Hawaii Film Office - 250 South Hotel Street, Honolulu, Hawaii 96813
Mailing Address: P.O. Box 2359, Honolulu, Hawaii, 96804-2359
Telephone: (808) 586-2570; Fax: (808) 586-2572

FROM: Hawaii Film Office TO:

FILM PERMIT APPLICATION: General Information Section

1. **APPLICANT** (Company Name): Production Company/Applicant Here (Must match COI Holder)
2. **PROJECT NAME:** Title of production here
3. **ADDRESS:** _____
4. **PHONE #:** _____ **FAX #:** _____
5. **ON-SITE CONTACT** (Name & Phone #): _____
6. **HAWAII ADDRESS** (If different from above): _____

PHONE #: _____ **FAX #:** _____ **Pgr. / Cel. #:** _____

Be sure to fill out the statistical info:

STATISTICAL INFORMATION

PROJECT TYPE: ☒ TV Commercial ☐ Feature Film ☐ Print Ad. / Stock / Calendar / Mag.
☐ Music Video ☐ TV Episode / Special / MOW ☐ Documentary / Educational / News
☐ Travelog / Industrial / Video stock / Tour video ☐ Hawaii-based Network TV series
☐ Sports / Exercise ☐ Miscellaneous ☐ Multi Media CD ROM

FORMAT: ☐ Still ☐ 16mm; 35mm; 70mm movie film ☒ Video

Budget: \$ 30,000 **Hawaii Expenditure:** \$ 15,000 **# Local Employees:** 4 **# HI Shoot Days:** 5

7. **FILM LOCATION REQUESTED, DATES AND TIMES** (To make processing easier and faster, please attach a map of the exact location requested, or street address, Tax Map Key number, or describe in as much detail as possible. If necessary, attach a separate sheet with additional location information.):

- See page 2 for Specific Page Example - Location "a"
- a) Location #1 HERE WO Waikiki Hawaii 1/1-1/2/20, 7a-5p
 (Name of Location) (Island) (Dates and Time)
 - b) Location #2 HERE Oahu 1/3/20, 7a-10a
 (Name of Location) (Island) (Dates and Time)
 - c) Location #3 HERE Kauai 1/4-1/7/20 (1 day between), 7a-5p
 (Name of Location) (Island) (Dates and Time)
 - d) Location #4 HERE Maui 1/8/20, 7a-5p (2 hours between)
 (Name of Location) (Island) (Dates and Time)
 - e) Location #5 HERE Hawaii Island 1/9/20, 2p-6p
 (Name of Location) (Island) (Dates and Time)

Continued on "FILM PERMIT APPLICATION: Specific Information Section"



FILM PERMIT APPLICATION: Specific Information Section

EXAMPLE

(Complete this section for EACH location requested.)

Applicant: Production Company/Applicant Here (Must match COI Holder) **Project Name:** Title of production here

a) Location #1 Here WO Waikiki Oahu 1/1-1/2/20, 7a-5p
(Name of Location) (Island) (Dates and Time)

8. DESCRIBE ACTIVITY YOU WILL BE FILMING / TAPING AT THE LOCATION:

Describe your filming activity here - the more detail the better.

'Filming in Waters Off Waikiki - will launch boat from Ala Wai Small Boat Harbor. Water safety to be present. Vessel HA 1234.

No cast or crew to enter water. Filming beauty shots and models from boat."

See example of details here

9. TOTAL NUMBER OF PEOPLE (CAST AND CREW) ON LOCATION? 8

10. DESCRIBE ALL EQUIPMENT AND VEHICLES ON LOCATION (Indicate Parking Plans):

a. Equipment: [2] Sony F5 Cameras, [1] Cannon 5D Camera, [2] reflectors

b. Vehicles: 2 passenger vans

c. Parking Plans: Will park in available stalls at Harbor

11. DESCRIBE ANY USE OF BOATS / THRILL CRAFTS / PLANES / HELICOPTERS / RECREATIONAL VEHICLES / PYROTECHNICS / SPECIAL EFFECTS / ANIMALS AND / OR ANY OTHER PROPS (Attach a separate sheet if necessary):

Vessel HA 1234

SIGN HERE

12/31/19

Applicant / Authorized Signature

Date

Both production company and its Hawaii representative or agent are responsible for the locations and activities listed herein.

FOR USE BY HAWAII FILM OFFICE AND / OR GOVERNMENT AGENCIES

SUBMITTED BY: Hawaii Film Office Staff Signature SENT TO: Agency Date

APPROVED / DENIED BY: Signature Agency Date

Approved Subject to: ☐ Special / Standard Conditions ☐ General Conditions ☐ Additional Conditions
☐ Obtaining approval from County Gov't. / Federal Gov't. / Private Land Owner

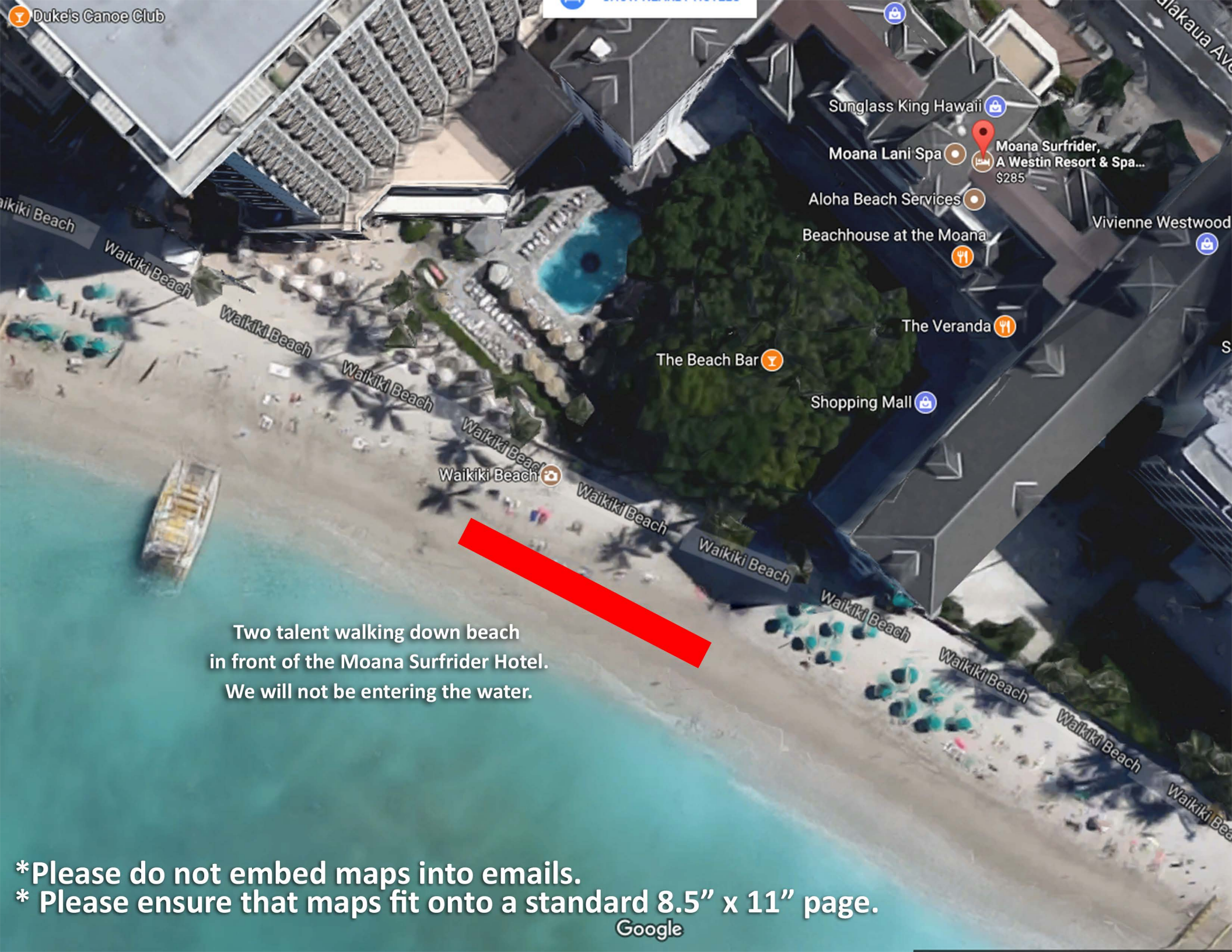
INSURANCE: ☐ Required ☐ Not Required ☐ Attached ☐ On File with the Film Office

FAXED / SENT TO: ☐ Applicant ☐ DAGS ☐ DLNR (DAR / DOBOR / DOCARE / DOFAW/ LM / NARS/ Parks)

☐ DOT (Air. / Har. / Hwys.) ☐ DBEDT (HCDA) ☐ Judiciary ☐ UH (IfA) ☐ Other:

COMMENTS / ADD'L CONDITIONS / NOTES:

Fees \$ Make payable to **STATE OF HAWAII** FIPAC #



Two talent walking down beach
in front of the Moana Surfrider Hotel.
We will not be entering the water.

*Please do not embed maps into emails.
* Please ensure that maps fit onto a standard 8.5" x 11" page.

Google



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/20/2021

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 have **ADDITIONAL INSURED** provisions or 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): | |
| | E-MAIL ADDRESS: | |
| | INSURER A : | |
| | INSURER B : | |
| | INSURER C : | |
| INSURED | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |
| | | |

COVERAGES

CERTIFICATE NUMBER: 63454743

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | | 7/1/2021 | 7/1/2022 | EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$100,000 MED EXP (Any one person) \$ \$10,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$1,000,000 \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> Hired Physical Damage | | | | 7/1/2021 7/1/2021 | 7/1/2022 7/1/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | | 7/1/2021 | 7/1/2022 | EACH OCCURRENCE \$ \$1,000,000 AGGREGATE \$ \$1,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below | | | N/A | 7/1/2021 | 7/1/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$ \$1,000,000 E.L. DISEASE - POLICY LIMIT \$ \$1,000,000 |
| A | Props, Sets & Wardrobe Third Party Property Damage Miscellaneous Equipment (Rented) Miscellaneous Equipment (Owned) | | | | 7/1/2021 | 7/1/2022 | \$300,000 Limit / \$2,000 Deductible \$1,000,000 Limit / \$2,000 Deductible \$1,000,000 Limit / \$3,000 Deductible \$65,000 Limit / \$3,000 Deductible |

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

The State of Hawaii, including all of its departments and attached agencies, their officers, employees and agents are named as additional insured with respect to the named insured's filming activities

CERTIFICATE HOLDER

CANCELLATION

State of Hawaii
 c/o Hawaii Film Office
 Dept. of Business, Economic Development & Tourism
 P.O. Box 2359
 Honolulu HI 96804-2359

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

Michael Christian

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ACORD 25 (2016/03)

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