

How to Apply for a Miami Beach Film & Print Permit

WHERE DO I APPLY?

There are two options on where to submit your application. The requirements, regulations and turnaround time will be the same. Depending on your production needs, you may benefit differently from each option.

OPTION 1:

[City of Miami Beach Film and Print Online Permit Request:](https://www.miamibeachfl.gov/city-hall/tourism-culture/film-print/apply-for-a-permit/)

<https://www.miamibeachfl.gov/city-hall/tourism-culture/film-print/apply-for-a-permit/>

- No Application Fee
- Can only include locations within the City of Miami Beach

OPTION 2:

[Miami-Dade Office of Film and Entertainment Film/Photo Permit Application:](http://filmmiami.org/permits.asp)

<http://filmmiami.org/permits.asp>

- \$125 Application Fee
- Ability to include locations permitted by the County Film Office in the same permit using a single platform.

PERMIT REQUIREMENTS

All Film & Print Permit applicants must also provide the following support documents along with their completed application, Indemnity Agreement and Certificate of Insurance. Both documents must be correctly completed and submitted before a permit can be issued. *The Permit Applicant, Named Insured on the COI and the Indemnitor Entity on the Indemnity Agreement must all be the same entity.*

Certificate of Insurance: The City of Miami Beach requires a Certificate of General Liability Insurance with:

- a **MINIMUM** coverage of one million (\$1,000,000.00) dollars, or of equal value in foreign currency.
- the territory of the United States covered.
- **The City of Miami Beach (1700 Convention Center Drive, Miami Beach, FL 33139)** listed as **BOTH** Certificate Holder and Additional Insured. If the Additional Insured inclusion is done through the “Description of Operations” panel, please note that we cannot accept any verbiage that includes a reference to negligence. An acceptable alternative is “Certificate Holder is included as Additional Insured in the General Liability Policy with respect to claims arising out of the operations of the Named Insured.”
- If your company is required to carry Worker’s Compensation per State or Province requirements, please also include proof of coverage. The City of Miami Beach does not require to be added as Additional Insured to this policy.

Indemnity Agreement: Can be found in the “Forms Central” tab of FilmMiamiBeach.com (<https://www.miamibeachfl.gov/wp-content/uploads/2017/08/INDEMNITY2014.pdf>)

- Must be signed by an authorized representative with legal signing authority within the permitting entity.
- The City does not accept change requests to the form’s verbiage. It must be accepted as is.
- Form must be either:
 - o Notarized: This also applies to international applicants. You may find American Public Notaries in most Embassies and Consulates. In addition, we also accept e-notarized documents.
 - o Stamped with a Corporate Seal. A corporate seal (also known as a company seal) is a special stamp customized to your company. It is used to mark documents as “official” and is recognized by the board of directors as a way to authorize documents on behalf of a corporation.
- Student Permit Requests are exempt from this requirement. Please refer to the Student Permit section for additional details.

The above are the basic requirements to obtain a basic Film & Print Permit, such as a City Wide. Please reach out to the Film Office as early as possible to identify any additional requirements based on your specific production’s needs.

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CORRECT COI SAMPLE #1



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 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): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE: _____ NAIC #: _____ INSURER A : _____ INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____	INSURED ***THIS MUST MATCH THE INDEMNITY AGREEMENT*** APPLICANT (Name of business entity/individual permitting entity) 123 Address Street City, State, Zip
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<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: _____	X		ACTIVE POLICY #	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIO/OP AGG \$ _____ \$
	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 type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

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CERTIFICATE HOLDER CITY OF MIAMI BEACH 1700 Convention Center Drive Miami Beach, FL 33139	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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CORRECT COI SAMPLE #2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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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):	FAX (A/C, No.):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED *THIS MUST MATCH THE INDEMNITY AGREEMENT*****

APPLICANT (Name of business entity/individual permitting entity)
123 Address Street
City, State, Zip

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<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:			ACTIVE POLICY #	MM/DD/YYYY	MM/DD/YYYY	EACH OCCURRENCE § 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<input type="checkbox"/>	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 type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/>	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
<input type="checkbox"/>	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Certificate Holder is included as Additional Insured on the General Liability Policy with respect to claims arising out of the operations of the Named Insured.

CERTIFICATE HOLDER	CANCELLATION
CITY OF MIAMI BEACH 1700 Convention Center Drive Miami Beach, FL 33139	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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MIAMI BEACH

City of Miami Beach, 1700 Convention Center Drive, Miami Beach, Florida 33139, www.miamibeachfl.gov

Tourism, Culture & Economic Development
Office of Film and Event Production Management
1755 Meridian Avenue, Fifth Floor, Miami Beach, Florida 33139
Tel: 305-673-7577, Film line: 305-673-7070, Email: film@miamibeachfl.gov

MIAMI BEACH REQUIRES A FULLY COMPLETED INDEMNITY AGREEMENT BEFORE ANY PERMITS MAY BE ISSUED.

For any production, including those based outside of the United States, the Indemnity Agreement must be executed by the same named entity providing insurance and as listed as the permittee in relation to each project. Completing this paperwork is the responsibility of the permitting company and NOT the insurer.

The Indemnity shall only be considered completed when it has received a Government-issued corporate seal (imprint on original) or has been notarized. **Both are not necessary**

You may scan and email or fax the final documents to the number/ address listed below as long as they are legible. Originals must be mailed to replace them.

The Indemnity, once executed and approved, is valid for a period of **three (3) years** from the date that appears on the acknowledgement page of the document.

PLEASE CHOOSE THE PROPER DESIGNATION: You will notice that there are three designations for the type of indemnifying entity (corporation, sole proprietor or partnership), defined by the type of operation and how the entity's taxes are filed. You must indicate the correct designation.

PLEASE NOTE THE SECTION FOR WORKER'S COMPENSATION. You must indicate in the appropriate box and provide the necessary coverage when required.

The Indemnity may only be signed by an authorized representative granted legal signing authority of the permitting entity. Signing this form without legal authorization of the permitting entity constitutes fraud. This representative must additionally initial page one of the indemnity at the bottom right corner in the space provided.

Any Questions? Contact Us!
Miami Beach Film and Print Office
1755 Meridian Avenue, Fifth Floor
Miami Beach, FL 33139
Phone: 305-673-7070
Fax : 786-394-4559
Email: film@miamibeachfl.gov

CITY OF MIAMI BEACH - OFFICE OF FILM & PRINT INDEMNITY AGREEMENT

1. IN CONSIDERATION OF the City of Miami Beach allowing and permitting

APPLICANT

(Name of business entity/individual)

designated by operation and tax purposes as a/ an

- Corporation
- Individual/ Sole Proprietor
- Partnership

Name of Business Entity/Individual and Address must match the Named Insured on the Certificate of Insurance

(“Indemnitor”), having its principal place of business at

123 Address Street

City, State, Zip

(Street address)

(City, State/ Province, Country, zip/ postal code)

to conduct lawful activities relative to the commercial print photography and/or film industry for three (3) years from the date of execution of this agreement, Indemnitor agrees to indemnify and save harmless the City of Miami Beach, Florida (“City”), its agents, officials, and employees for and on account of the City to make defense against, any and all claims, actions, demands, suits, liabilities, damages and payments, in tort or in contract, including, without limitation, accidents, liability or loss for injuries to or deaths of persons or damages to property caused by any act or failure to act of the Indemnitor in any way relating to its preparation, operations or other activities within the City of Miami Beach relating to all special events, photo shoots and/or filming, regardless of whether the same are on or off premises owned by the City of Miami Beach, and shall extend to all locations within the City of Miami Beach.

2. Indemnitor shall, on or before date of production start, as a condition precedent to being allowed to conduct their/ its activities, deliver to the City of Miami Beach, Office of Film & Event Production Management, located at City Hall, 1700 Convention Center Drive, Miami Beach, Florida 33139, certificates of insurance providing for both comprehensive general liability (including contractual liability) insurance with a minimum coverage of one million (\$1,000,000.00) dollars per occurrence per person, and accident, and Worker’s Compensation Insurance (as required by Florida Statutes).

3. Indemnitor agrees to provide comprehensive general liability insurance which must be issued by an insurance company of Miami Beach (with full mailing address) as an **additional insured** thereon

MUST SELECT ONE
*if required to carry - please provide proof of WC Coverage

4. Indemnitor **must check** one of the following boxes with regards to Worker’s Compensation:

- Indemnitor **is required** to carry Worker’s Compensation by Florida Statutes or entity’s local equivalent and agrees to provide evidence of such coverage.
- Indemnitor **is not required** to carry Worker’s Compensation by Florida Statutes or entity’s local equivalent.

5. The liability and Worker’s Compensation insurance coverage shall be issued by an insurance company duly authorized to do business in the State of Florida and rated B+ VI or better per A.M. Best’s Key Rating Guide, latest edition. Indemnitor warrants and represents that it has notified its insurance agent of the contents of this Indemnity Agreement, and has supplied the agent with a copy.

Initials of Indemnitor (required)

IN WITNESS WHEREOF, the Indemnitor has executed this Agreement this DAY

day of MONTH, 20YEAR

INDEMNITOR: SAME AS ITEM 1
(print name of Corporation, Individual/ Sole Proprietor or Partnership)

CORPORATE SEAL
(affix here)

BY: _____
(Signature of authorized representative)

(Print name and title of person signing)

***BELOW TO BE COMPLETED BY NOTARY -
ALTERNATIVELY - USE CORPORATE SEAL***

ACKNOWLEDGEMENT

State Of _____

On this the _____ day of _____, 20____,

Before me, the undersigned Notary Public of the State of

County of _____

_____, personally appeared

_____, and whose name is
(Print name of individual who appeared before Notary Public)

subscribed to the within instrument, and he/she acknowledge that
he/she executed it. WITNESS my hand and official seal.

NOTARY SEAL
(affix here)

(Signature of Notary Public)

NOTARY PUBLIC, STATE OF _____

(Name of Notary Public: print, stamp, or type as commissioned)

_____ Personally know to me , or _____ Produced Identification:

(Type of Identification produced)

_____ DID take an oath, or _____ DID NOT take an oath.