

**City of Costa Mesa
Film/Photography Permit Application**

Project Name: MICHAEL SWEET CHRISTMAS SPECIAL

Lead Contact: JOHN CASORIA, ROBERT FOPMA

Project Co.: TRINITY CHRISTIAN CENTER OF SANTA ANA, INC.

Production Co.: TRINITY BROADCASTING NETWORK

Address: 3150 BEAR STREET COSTA MESA CALIFORNIA 92626
STREET CITY STATE ZIP

Business Telephone: 714-665-2102 Fax Number: 714-665-2168

Film Date: DECEMBER 08, 2006 Prep/Strike Dates DECEMBER 07 & 08, 2006

Time Frame: From: 5:30 P.M. To: 9:00 P.M. Production Type: Film Still Video

Classification: Commercial TV Feature Documentary School Project Other

Insurance Carrier: ST. PAUL/TRAVELERS Telephone: (714) 919-4213

General Location(s) of Shoot: 3150 BEAR STREET COSTA MESA, CALIFORNIA 92626

Specific Site: FRONT PATIO BETWEEN BUILDING ENTRANCE AND FOUNTAINS (see attached plat map)

OFFICE USE ONLY					
TO	DATE SENT				LIAISON INITIALS
Fire Liaison	11.3.06	<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Conditions (attached)	GSDH
Public Services Liaison		<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Conditions (attached)	DJ
Police Liaison		<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Conditions (attached)	RA
Risk Mgmt. Liaison		<input checked="" type="checkbox"/> Approve	<input type="checkbox"/> Deny	<input type="checkbox"/> Conditions (attached)	RT
Devel. Svcs Recreation Liaison		<input checked="" type="checkbox"/> Approve	<input checked="" type="checkbox"/> Deny	<input type="checkbox"/> Conditions (attached)	ANB/lee
Standby:	Liaisons - Note Fees Right-of-way Fee: \$ _____ Facility Rental: \$ _____ Cash Deposit: \$ _____ Police: \$ _____ Fire: \$ _____ Park Rental: \$ _____ TOTAL FEES TO BE PAID: \$ _____ DATE PAID/RECEIPT ISSUED: _____ INITIALS _____				
<input type="checkbox"/> Film Liaison <input type="checkbox"/> Fire <input type="checkbox"/> Public Services <input type="checkbox"/> Police <input type="checkbox"/> Other _____					
Documents Required/Received: <input type="checkbox"/> Insurance <input type="checkbox"/> Indemnity/Hold Harmless <input type="checkbox"/> Workers' Comp <input type="checkbox"/> Conditions <input type="checkbox"/> Cash Bond <input type="checkbox"/> Other _____					
Comments: ZA-02-75 does not allow for outdoor activity; including filming. Applicant advised 11-17-06 (Vanessa)					
CITY APPROVED: Carol C Proctor Date: 11-17-06					

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Location Manager: ROBERT FOPMA,

Office Phone: (714) 665-2192

Portable/Pager: _____

Assistant Location Manager:

Office Phone:

Portable/Pager: _____

Detailed Description of Activity: RECORDING FOR FUTURE TELEVISION BROADCAST A CHRISTMAS PROGRAM INVOLVING MUSIC CUTS. NO OUTSIDE SPEAKERS WILL BE USED, THEREFORE, THERE WILL BE MINIMAL NOISE IMPACT. TALENT WILL BE OUTFITTED WITH EARPHONES AND MICROPHONES, ETC.

Number of Crew: 10 MAX.

Vehicles (Types and Number) N/A

Equipment (Types and Number): STANDARD 4 VIDEO CAMERA SHOOT WITH AUDIO & LIGHTING

Parking Requirements: NONE

Equipment Requirements: 4 VIDEO CAMERAS, MICROPHONES, LIGHTING AS NEEDED (already in place).

Services Required: Food Hotel

Stunts/Special Effects: NONE

Aerial Stunts/Elements: NONE _____

Pyrotechnics to be used? Yes No If yes, please describe: _____

Pyrotechnician: _____ License # _____

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Hazardous Material to be used? Yes No If yes, please describe: _____

Lighting? Yes No If yes, please describe: STANDARD PRODUCTION LIGHTING, AS NEEDED,
PRODUCTION WILL UTILIZE THE 48 PAR CAN-SHIELDED LGIHTS WICH ARE PRE-EXISTING ON THE
PROPERTY AND ATTACHED TO PERMANENT STANDS.

Animals to be used: NONE

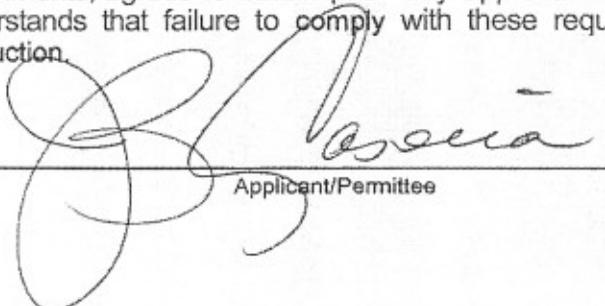
Traffic Control: Describe your plan for controlling traffic, (i.e., personnel and/or devices, auto, bikes, pedestrians):

THERE WILL BE NO TRAFFIC IMPACT. THE TAPING WILL BE COMPLETELY CONTAINED ON THE
PROPERTY OF TCCSA,

Other unusual activities: NONE _____

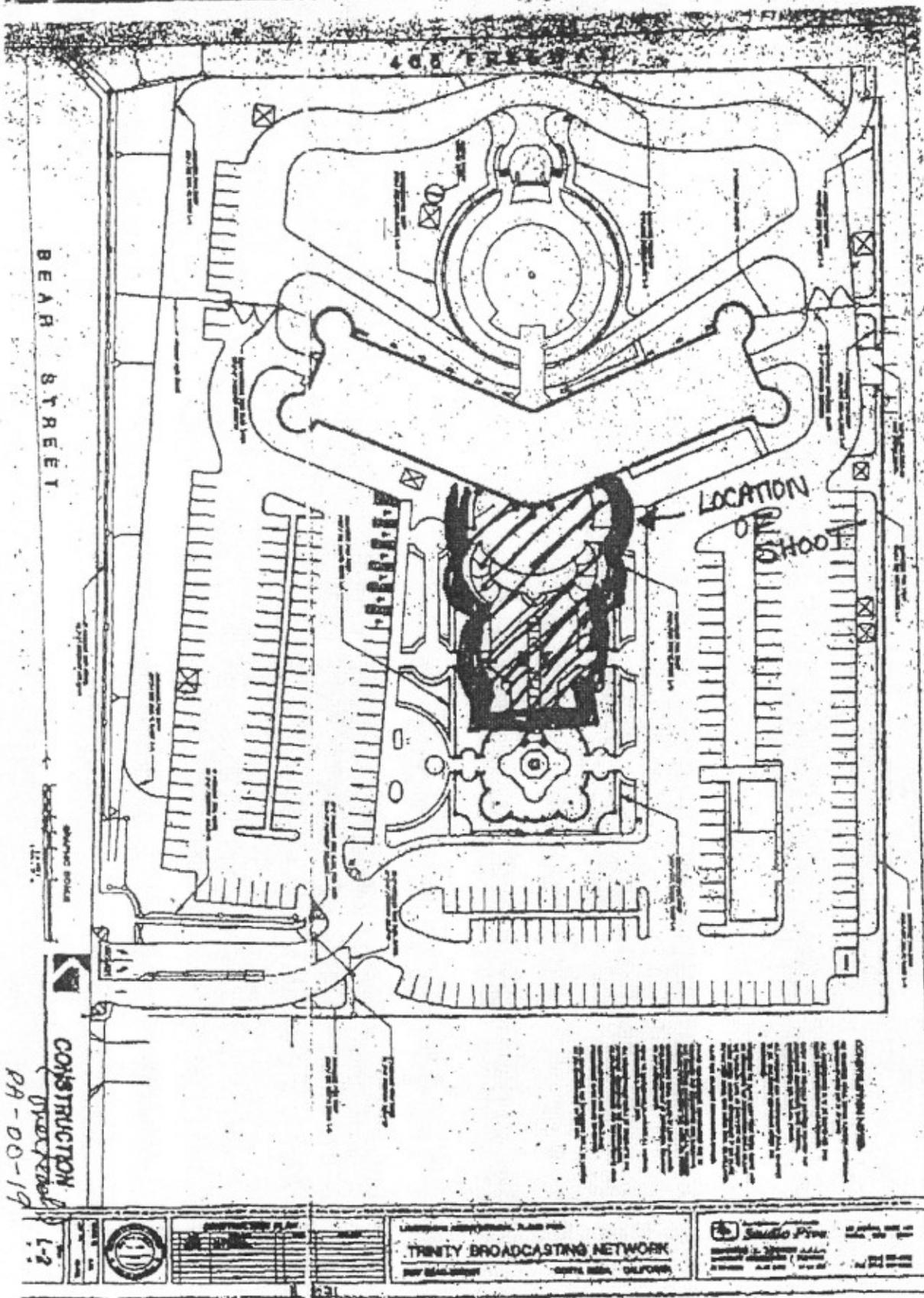
Traffic: Please submit a site plan showing location(s) of shoot, cast, crew, vehicle(s) and route(s) to be traveled in order to film a scene.

Permittee hereby agrees to ensure compliance with the conditions of the permit, including provisions and any attachments, agrees to obtain prior City approval for deviations from the information provided herein, and understands that failure to comply with these requirements may result in the immediate cancellation of production.



Applicant/Permittee

11-3-06
Date



ACORD CERTIFICATE OF LIABILITY INSURANCE

TRONDIN

0A1 (M)B(0)0000

PRODUCER
 (OC) Heffernan Insurance Brkrs
 1855 Katella Ave, Suite 255
 Orange CA 92867-4459
 Phone: 714-997-8100 Fax: 714-997-1994

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
 Trinity Christian Center
 2442 Michelle Drive
 Tustin CA 92780

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Travelers Casualty Ins.	19070
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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 K. L. THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADJ/L	TR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A	X			GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner/Cont Prot. <input checked="" type="checkbox"/> Blanket Contractu GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	630153D9095TIL06	08/01/06	08/01/07	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$ EXCLUDED GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 Emp Ben. 1,000,000	
A				AUTOMOBILE LIABILITY <input checked="" 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	810153D9095TIL06	08/01/06	08/01/07	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
				GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: \$	
A				EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$	YSMCUP763G0767TIL06	08/01/06	08/01/07	EACH OCCURRENCE 125,000,000 AGGREGATE \$25,000,000 \$ \$ \$	
				WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS 3829W				WC STAT-UTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A				OTHER Equipment Rented From Others	630153D9095TIL06	08/01/06	08/01/07	\$500,000 Limit 85,000 Deduct.	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 City of Costa Mesa is named Additional Insured with regard to General Liability only per the attached CGT491 (11/88).

CERTIFICATE HOLDER
 COSTMES
 City of Costa Mesa
 City Manager's Office
 carol Proctor, Mgmt Analyst
 PO Box 1200
 Costa Mesa CA 92628-1200

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE
