MIA M I BEACH REQUIRES A FULLY COMPLETED INDEMNITY AGREEMENT BEFORE ANY PERMITS MAY BE ISSUED.

For any production, the Indemnity Agreement shall be executed by the same company providing insurance and listing as the permitee 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 is valid three (3) years from the date that appears on the second page of the document.

PLEASE NOTE THE SECTION FOR WORKER'S COMPENSATION. Be sure to check the appropriate box and provide the necessary coverage when required.

You must additionally initial page one of the indemnity at the bottom right corner in the space provided.

CHOOSE THE RIGHT SIGNATURE PAGE: You will notice that there are three separate end/signature pages - depending on the type of operation (sole proprietor, partnership or corporation). Choose the correct one to complete.

Any Questions? Contact Us!
Miami Beach Film and Print Office
1755 Meridian Avenue, Fifth Floor
Miami Beach, FL 33139
Phone: 305-673-7070
Fax: 305-673-7063
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

_______________________________________________________________________________

(Name of business entity/individual)

(a/ an)__________________________________________________________________________

(Entity’s status – ie: corporation, partnership, sole proprietorship, or other)

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

_______________________________________________________________________________

(Street address)     (City, State, zip 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 name the City
of Miami Beach (with full mailing address) as an additional insured thereon.

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 and
    agrees to provide evidence of such coverage.

□   Indemnitor is not required to carry Worker’s Compensation by Florida Statutes.

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 of ____________________________________________________________________________, 20____________
INDEMNITOR: _______________________________________
(Print name of entity)

BY: ________________________________________________
(Signature of individual/principal)  (Print name of person signing)

WITNESSES:

__________________________________________
(Signature of First Witness)  (Print name of person signing)

__________________________________________
(Signature of Second Witness)  (Print name of person signing)

GENERAL ACKNOWLEDGEMENT – INDIVIDUAL / SOLE PROPRIETOR

State Of __________________  On this the __________ day of _______________________, 20____,
Before me, the undersigned Notary Public of the State of
County of _________________
__________________________________________
(Print name of individual who appeared before Notary Public)

is 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.

Form Approved
Legal Department
By: __________________

(Use this signature page if the Indemnitor is an Individual or Sole Proprietor.  Individual/ Principal’s signature must be attested to by either two witnesses or a notary public.)
IN WITNESS WHEREOF, the Indemnitor has executed this Agreement this ________________
day of ________________________________, 20________

INDEMNITOR: __________________________________________
(Print name of partnership)

BY: ___________________________________ ____________________________
(Signature of partner) (Print name of partner signing)

WITNESSES:

___________________________________ ____________________________
(Signature of First Witness)

______________________________________ ____________________________
(Signature of Second Witness) (Print name of person signing)

PARTNERSHIP ACKNOWLEDGEMENT

State Of __________________  On this the _________ _______day of ___________________________, 20___,

Before me, the undersigned Notary Public of the State of

County of __________________

_____________________________________________ __________________
(Print name of individual who appeared before Notary Public)

is 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

Form Approved
Legal Department
By:_____________________

(Use this signature page if the Indemnitor is a Partnership. Individual/ Principal’s signature must be attested to by
either two witnesses or a notary public.)
IN WITNESS WHEREOF, the Indemnitor has executed this Agreement this __________________
day of ___________________________________________ _______________, 20__________

INDEMNITOR:_______________________________________ ___________________________
(print name of corporation)

CORPORATE SEAL
(affix here)

BY: ___________________________________________ _____________________
(Signature of President)

________________________
(Print name and title of person signing)

ATTEST: _____________________________________
(Signature of Corporate Secretary)

CORPORATE ACKNOWLEDGEMENT

State Of __________________

On this the ___________ day of ___________________________, 20______,

Before me, the undersigned Notary Public of the State of

___________________________________________
(Print name & title of corporate officer)

___________________________________________ ___________
(Print name of corporation and state or place of incorporation)

on behalf of the corporation. 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.

Form Approved
Legal Department
By: _______________________

(Use this signature page if the Indemnitor is a Corporation)