



City Of Key West  
P.O. Box 1409  
Key West, FL 33041-1409

Portia Navarro  
City Manager's Office  
Pnavarro@keywestcity.com  
www.keywestcity.com

## Filming Permit

Phone: 305-809-3883  
Fax: 305-809-3886

Date Initiated: 4/23/12

Name of Applicant: RECOMMENDED MEDIA, LLC / CAROLYN SAUNDERS

Email Address: CAROLYN@RECOMMENDED MEDIA.TV

Title: FINANCIAL CONTROLLER Firm: RECOMMENDED MEDIA, LLC

Address: 10033 WASHINGTON BOULEVARD, CULVER CITY, CA 90232

Phone: 310-862-5100 Fax: 310-204-2205

Type of Production: COMMERCIAL  
Production Dates:

If motion picture, title: COAST <sup>FORD</sup> TO COAST (Please submit a script)

Number of people in cast and crew: 60

Type of equipment to be used: CAMERAS, CAMERA CAR, LIGHTING, HELICOPTER

Type of vehicle to be used at film sites: CUBE TRUCKS, MOTORHOME  
(Any vehicle in excess of twenty feet in length and seven feet in width requires parking permit, parking fees apply)

Special services required from city staff: BARRICADE STREETS,

POLICE PER POLICE REQUEST,

Film locations: The length of one street - either Duval Street, Simonton Street, or White Street to Eaton to Simonton. ~~etc.~~  
TBD by the city, police, and production company.

Place film crew is staying: TBD

Phone number: JOFF ZOUVER 310 991 2350

# FLORIDA PRODUCTION SURVEY

Thank you for bringing your production business to Florida! Completing this survey validates the economic benefit your production brings to the Sunshine State. Accurate statistics on the economic impact of production are required for the continued funding of all tax and financial incentives provided by government entities, as well as the operating budgets for local and state film offices that are crucial to insure that film-related services and staffing keep pace with growing production needs.

Project Name: FORD - COAST TO COAST

Type of Production:  Feature  Independent  Short  Student  Television  Telefilm (MOW)  Reality  
 Commercial  Corporate/Industrial  Documentary  Music Video  Print  PSA  Other \_\_\_\_\_

Production Company: Recommended Media, LLC  
Address: 6033 Washington Blvd. City: Culver City State: CA Zip: 90232  
Phone: (310) 862-5100 Fax: (310) 204-2205 E-mail: CAROLYN@RECOMMENDEDMEDIA-TV

1. Total number of production days in Florida? 10 (Should total scout/prep, shoot and wrap days below.)  
Number of scouting and prep days? 8 Shooting days? 1 Wrap days? 1

2. In what counties?

County Name: \_\_\_\_\_ Number of scouting/prep days? \_\_\_\_\_ Shooting days? \_\_\_\_\_ Wrap days? \_\_\_\_\_

County Name: \_\_\_\_\_ Number of scouting/prep days? \_\_\_\_\_ Shooting days? \_\_\_\_\_ Wrap days? \_\_\_\_\_

County Name: \_\_\_\_\_ Number of scouting/prep days? \_\_\_\_\_ Shooting days? \_\_\_\_\_ Wrap days? \_\_\_\_\_

Production Dates 5/15 TBD CITY

3. Number of locally (Florida residents) employed crew? \_\_\_\_\_ Number of local on camera talent? \_\_\_\_\_

4. Total budget for project? \$ 300K

5. Estimated total amount spent in Florida? \$ 200K  
(i.e. local crew/talent wages, equipment rental, hotel, meals, gas, lumber, wardrobe, locations, etc.)

6. Where did the cast and crew lodge?

Above the line: TBD Talent: TBD Crew: TBD

7. Total room nights (Number of rooms multiplied by the number of days): \_\_\_\_\_

Scouting/prep days: 20 Shooting days: 60 Wrap Days: 10

Additional comments and/or suggestions on how we can make your next production experience in Florida better:

Signature: [Signature]

Position: EXECUTIVE PRODUCER / PARTNER

Print Name: JEFF ROXNER

Phone Number: 310-862-5100

Thank you for your participation in this valuable survey.

Please return via fax to \*305-296-0788

Name: Rita Troxel, Florida Keys & Key West Film Commission

Address: 1201 White Street, suite 102 City: Key West State: FL Zip: 33040

Insurance Requirements:

- 
- \* \$1,000,000 General Liability City to be named as additionally insured
  - \* \$1,000,000 Auto Liability City to be named as additionally insured
  - \* \$ 50,000 Auto Property Damage
  - \* \$ Statutory Workers Compensation

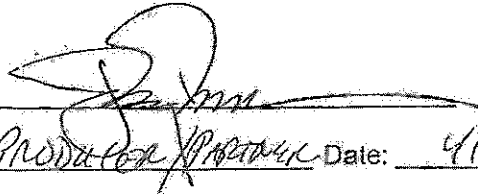
\*The insuring carrier must maintain an A.M. rating of no less than B+ and be of financial size category of V or higher.

Applicant must hold the City harmless from any and all liability for damages arising out of, or related to, your activities in Key West.

Applicant must contact the Florida Keys & Key West Film Industry Liaison Rita Brown at 1-800-FILM-KEY (345-6539).

**AFTER COMPLETION OF THIS FORM, THE CERTIFICATE OF INSURANCE REQUIREMENTS RECEIVED IN THE CITY MANAGER'S OFFICE AND THE RELEASE AND INDEMNIFICATION FORM SIGNED BY AN AUTHORIZED REPRESENTATIVE, A FILM PERMIT WILL BE ISSUED.**

Signature of Applicant:



Title: EXECUTIVE PRODUCER/PRODUCER Date: 4/23/12

Request for Information

Production Company: Recommended Media LLC Date: 4/23/12

Contact: JEFF ROYNER Phone: (310) 862-5100

Address: 6033 Washington Blvd. CEN (310) 991-2350  
Culver City, CA 90232 Fax: (310) 204-2205

Project Title: FORD

Filming Date(s): TBD 5/15/12 per city

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="checkbox"/> Feature               | <input type="checkbox"/> Television  | <input type="checkbox"/> International       |
| <input type="checkbox"/> Industrial            | <input type="checkbox"/> Show Time   | <input type="checkbox"/> County              |
| <input type="checkbox"/> Other                 | <input type="checkbox"/> Still Photo | <input type="checkbox"/> Local               |
| <input type="checkbox"/> Infomercial           | <input type="checkbox"/> PSA         | <input type="checkbox"/> Regional            |
| <input checked="" type="checkbox"/> Commercial | <input type="checkbox"/> Catalogue   | <input checked="" type="checkbox"/> National |
| <input type="checkbox"/> Video                 | <input type="checkbox"/> Documentary | <input type="checkbox"/> CATV                |

Information Requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of employees

Local 30 Non-Local 30

Budget: 300K

Local Address: TBD

# Rooms: 50

Certificate of Insurance Received

Date Sent: \_\_\_\_\_

Fax:  Regular Mail  Express Mail

Location Contact: RITA TROXEL

Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Beeper #: \_\_\_\_\_

# Nights: \_\_\_\_\_

Yes  NO

Florida Keys & Key West Film Commission  
Rita Brown - Monroe County Film Liaison  
1201 White St., Suite 102  
Key West, FL 33040-3328  
Phone: (305) 293-1800 or 1-800-FILM-KEY  
Fax: (305) 296-0788

Portia Navarro - City Manager's Office  
City of Key West  
P.O. Box 1409  
Key West, FL 33041-1409  
Phone: (305) 809-3882  
Fax: (305) 809-3886



3132 Flagler

~~525 Angela Street~~

(305) 809-3888

FAX 809-3886

jscholl@keywestcity.com

Jim Scholl  
City Manager  
City of Key West

**THE CITY OF KEY WEST**

P.O. BOX 1409

KEY WEST, FL 33041-1409

**RELEASE AND INDEMNIFICATION**

I, JEFF ROMPER being authorized to act on behalf of and legally bind the RECOMMENDED INC, LLC legal entity or association on whose behalf this application is made, do hereby release the City of Key West, its officers, agents and employees from any and all liability for damages arising out of, or related to the activities for which application for leave to use City property has been submitted; and do hereby further agree, on behalf of said entity or association, to compensate, indemnify, and hold harmless the City of Key West, its officers, agents, and employees from and against any and all damages to personnel or property of the city, and against all claims for damages or injuries to other persons or property of any nature whatsoever, and for defense costs, including attorneys' fees at both trial and appellate levels, arising from the actions or omissions of the person(s) or legal entity(is) on whose behalf the application is submitted, including, but not limited to, the sale and dispensing of alcoholic beverages, or otherwise arising from the actions of their members, licensees, customers, guests, invitee, or participants in the related activities permitted.

Signature of Witness

CAROLYN SOUDERS

(Print Name)

4/23/12

Date

Signature of Applicant

JEFF ROMPER

(Print Name)

4/23/12

Date

Key to the Caribbean - Average yearly temperature 77° F.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/25/12

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 favor of such endorsement(s).

<b>PRODUCER</b> Taylor & Taylor Ltd. 15060 Ventura Boulevard Suite 210 (License #0731414) Sherman Oaks CA 91403-2436	<b>CONTACT NAME:</b> MyLinh Ngo <b>PHONE:</b> (818) 981-9700 <b>FAX:</b> (818) 981-9700 <b>E-MAIL:</b> ngo@taylorinsurance.com
<b>INSURED</b> Recommended Media, LLC 6033 Washington Boulevard Culver City CA 90232	<b>INSURERS AFFORDING COVERAGE</b> Insurer A: Vigilant Insurance Company Insurer B: Federal Insurance Company Insurer C: Chubb National Insurance Insurer D: Insurer E: Insurer F:

**COVERAGES** **CERTIFICATE NUMBER: 11-12** **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.

CLASS	TYPE OF INSURANCE	POLICY NUMBER	POLICY PERIOD (START/END)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	79958585	4/27/2012 - 5/25/2012	EACH OCCURRENCE \$ 1,000,000
	GENL. AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PER OCCUR <input type="checkbox"/> LOC			DEDUCTIBLE TO BE PAID BY INSURED: \$ 0 LEMO EOP (Any one person) \$ 10,000 PERSONAL AND FAMILY AUTO \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ Included
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	79958586	4/27/2012 - 5/25/2012	COLLISION SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per person) \$ (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ NIL			EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in FL) If yes, describe below:	79958587	4/27/2012 - 5/25/2012	<input checked="" type="checkbox"/> MC STAT- <input type="checkbox"/> TORY LEGIS <input type="checkbox"/> CORR EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - SA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
C	Third Party Property Damage	79958584	4/27/2012 - 5/25/2012	Limit \$ 2,000,000 Deductible \$ 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Check ACORD 997 Additional Information Schedule, if none apply to insured)  
 Certificate Holder is included as additional insured on the General Liability policy with respect to claims arising out of the negligence of the Named Insured.

<b>CERTIFICATE HOLDER</b> City of Key West P.O. Box 1409 Key West, FL 33041-1409	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE MyLinh Ngo/MY LINH NGO
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