



FORT BEND COUNTY

Please fill in all the blanks below. Your application cannot be submitted unless all the required fields are completed.

Title: Discovery Channel, Evil Talks: Chilling Confessions

Classification

☐ Feature Film(30 minutes or more)

- narrative
- documentary
- experimental
- animated

☒ Television Program

- episodic series
- miniseries
- television movie ("MOW")
- television episode
- television pilot

☐ Commercial(less than 30 minutes)

- commercial
- commercial series
- infomercial
- interstitial
- music video
- still photo shoot
- public service announcement

☐ Short Film(30 minutes or less)

- narrative short
- documentary short
- experimental short
- animated short

Production Insurance:

Has the following certificates been provided YES NO

General Liability	Yes	
Commercial Auto Liability	Yes	
Workers Compensation	Yes	

Project/Production Description:

Docuseries ID channel about police work and tactics, especially during interrogation.

Please describe the scenes to be filmed:

Interview with detectives involved in local case.

Number of production staff to be on site: 8

What equipment will be used during filming (i.e. generators, lights, cranes, sets, etc.):

2 cameras, 3-4 lights (1x1, diva), audio gear (boom mic)

Production Company Information

Company Name: Red Marble Media Inc.

Phone: 646-470-3190 Fax:

Address: 134 Charles St., New York, NY 10014

County: None

Website: <http://www.redmarblemedia.com/about/>

Contact Person: Anthony Cox Email: acox@redmarblemedia.com

Mobile: 276-728-6083

Local Texas Production Company Address (if different from above)

Company Name: N/A

Phone: Fax:

Address:

County:

Website:

Contact Person: Email:

County Property Requested

Desired Location: Fort Bend County indoor conference room, offices

Facility Name: Historic Courthouse

Address: 401 Jackson St.

City: Richmond

Desired Location: Fort Bend County Sheriff's Office

Facility Name: Sheriff's Office

Address: 1410 Williams Way

City: Richmond

Alternate Locations Requested:

Dates being requested:

Site visit: Friday, July 28, 2017

Filming dates: Sunday, July 30 Monday, July 31, 2017

Filming times: 7:30 a.m. to 7:30 p.m.

Will there be Stunts/Pyrotechnics (while filming on County property)?

No

Will any street closures be required?


No

Security Personnel: Applicant is responsible for arranging for Security Personnel for the entire time they are on County property. At least one official licensed Texas Peace Officer dressed in uniform must be present during the filming event and cannot be an invited guest. Please contact:

Chad Norvell
Fort Bend County Sheriffs Office
281-341-4705

☒ * By checking this box, I certify that the information provided in this application along with any pertinent information included in accompanying materials is true, correct, and complete. Any submission of false information may be subject to penalties. Additionally, I confirm that I have read and consent to the Terms and Conditions for Use of County Property attached here as Exhibit A. I understand that this does not guarantee that I will be able to use my desired location for production activity.

Date: 7/25/17

Applicant Signature: 

Print Name: Anthony Cox

Internal Use:

Date received: _____

Date submitted to Court: _____

Commissioners Court Approved/Denied

Date: _____

Commissioners Court additional Instructions or conditions:

Terms and Conditions for Use of County Property

1. Filming shall only take place in locations approved by County.
2. Producer may place all reasonably necessary (as determined by County) facilities and equipment, including temporary sets, structures and other materials on Property. Producer shall remove the same after completion of work and leave the Property in substantially the same condition as when entered by Producer. County retains the right to inspect property, devices and equipment to be used in connection with the filming.
3. Producer may place all reasonably necessary (as determined by County) facilities and equipment, including temporary sets, structures and other materials on Property. Producer shall remove the same after completion of work and leave the Property in substantially the same condition as when entered by Producer. County retains the right to inspect property, devices and equipment to be used in connection with the filming.
4. Producer agrees to use reasonable care to prevent damage to County Property during Filming including but not limited to trees, grounds, plant life, buildings, rights of way, vehicles or machinery.
5. Producer shall be responsible for payment of any and all reasonable repairs. The County will invoice Producer within thirty (30) days. Payment shall be made to County within ten (10) days of receipt of invoice.
6. Damages shall include additional cleaning if needed to return property to its original condition.
7. Producer is responsible for making all arrangements, including fees payable directly to the proper law enforcement officer, for Security Personnel Services as listed on the Application.
8. At least one (1) Law Enforcement Officer is required for the duration of the Reservation Period. The officer must be an official, licensed, uniformed Texas Law Enforcement Officer and cannot be an invited guest. He or she will have the authority to suspend Filming if deemed necessary by the Officer.
9. A designated County Employee shall be assigned to the Property and shall be responsible only for coordinating building issues such as accessibility, building electronics, temperature regulation, opening/locking doors for events.
10. Both Producer and designated County Employee will inspect the Property at the beginning and end of use and note any existing damage prior to use.
11. Once the inspection is complete, Producer expressly agrees that the Property is accepted by the Producer in its "AS-IS", "WHERE-IS" condition, "WITH ALL FAULTS", ABSOLUTELY NO REPRESENTATIONS OR WARRANTIES REGARDING THE PROPERTY, EXPRESS OR IMPLIED, ARE GIVEN BY THE COUNTY, AND THE PRODUCER WAIVES AND DISCLAIMS ALL OF THE SAME (INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF SUITABILITY, HABITABILITY, MARKETABILITY OR FITNESS FOR A PARTICULAR PURPOSE).

12. Producer agrees to leave the Property in a clean and orderly condition. Producer must collect and remove all trash from the Property.
13. Producer grants to County the right to make use of any and all photographs (motion picture scenes, stills, videotape or otherwise) and audio recordings (collectively, "Photographs") during Filming for purposes of promotion or other public interest.
14. Producer agrees that Production will not include any depictions that cast a negative light on the County(as determined by County), its personnel, staff, officials, agents or other persons in privity with the County.
15. Producer agrees to the following **INDEMNIFICATION REQUIREMENTS:**

A. PRODUCER SHALL INDEMNIFY AND DEFEND COUNTY AGAINST ALL LOSSES, LIABILITIES, CLAIMS, CAUSES OF ACTION, AND OTHER EXPENSES, INCLUDING REASONABLE ATTORNEYS FEES, ARISING FROM ACTIVITIES OF PRODUCER, ITS AGENTS, SERVANTS, GUESTS, EMPLOYEES, OR ALL PERSONS IN PRIVITY WITH THE PRODUCER PERFORMED UNDER THIS AGREEMENT THAT RESULT FROM THE NEGLIGENCE OR WILLFUL ACT, ERROR, OR OMISSION OF PRODUCER OR ANY OF PRODUCER'S AGENTS, SERVANTS, GUESTS OR EMPLOYEES OR ALL PERSONS IN PRIVITY WITH THE PRODUCER.

B. Producer agrees hereby to be responsible and liable for any and all damages to the Property including any materials, equipment or other personal or real property of the County. In no way, shall liability be construed to be limited by the amount of the Damage Deposit provided.

C. Producer assumes all risk of all loss or damage to any materials, equipment or other property of Producer. The County shall have no obligation, responsibility or liability with respect thereto. This indemnity and release provision shall survive the termination or expiration of the agreement.

16. Producer shall cause all trade contractors and any other contractor who may have a contract to perform construction or installation work in the area where work will be performed under this Contract, to agree to indemnify County and to hold it harmless from all claims for bodily injury and property damage that may arise from Filming.

17. Producer will ensure the following insurance requirements are met:

A. Prior to commencement of the Filming, Producer shall furnish County with properly executed certificates of insurance which shall evidence all insurance required and provide that such insurance shall not be canceled, except on 30 days' prior written notice to County. Producer shall provide certified copies of insurance endorsements and/or policies if requested by County. Producer shall maintain such insurance coverage from the time the Filming commence until the Filming are completed, and shall provide replacement certificates, policies and/or endorsements for any such insurance expiring prior to completion of the Filming. Producer shall obtain such insurance written on an Occurrence form from such companies having Bests rating of A/VII or better, licensed or approved to transact business in the State of Texas, and shall obtain such insurance of the following types and minimum limits:

- Workers' Compensation insurance in accordance with the laws of the State of Texas. Substitutes to genuine Workers' Compensation Insurance will not be allowed. Employers' Liability insurance with limits of not less than \$1,000,000 per injury by accident, \$1,000,000 per injury by disease, and \$1,000,000 per bodily injury by disease.
- Commercial general liability insurance with a limit of not less than \$1,000,000 each occurrence and \$2,000,000 in the annual aggregate. Policy shall cover liability for bodily injury, personal injury, and property damage and products/completed operations arising out of the business operations of the policyholder.
- Business Automobile Liability insurance with a combined Bodily Injury/Property Damage limit of not less than \$1,000,000 each accident. The policy shall cover liability arising from the operation of licensed vehicles by policyholder.

B. County and the members of Commissioners Court shall be named as additional insured to all required coverage except for Workers' Compensation. All Liability policies including Workers' Compensation written on behalf of Producer shall contain a waiver of subrogation in favor of County and members of Commissioners Court.

C. If required coverage is written on a claims-made basis, Producer warrants that any retroactive date applicable to coverage under the policy precedes the effective date of the contract; and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of 2 years beginning from the time that the Filming is completed.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/20/2017

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 lieu of such endorsement(s).

PRODUCER MIB Insurance Services (CA License 0C84298) 111 N Sepulveda Blvd Suite 245 Manhattan Beach CA 90266		CONTACT NAME: Edgar Sandoval PHONE (A/C No, Ext): 310 775 9020 E-MAIL: certificate@mediainsurance.com ADDRESS:		FAX (A/C, No): 310 374 2305
INSURED RED MARBLE MEDIA INC. 134 Charles Street, 1st Floor New York, NY 10014		INSURER(S) AFFORDING COVERAGE INSURER A : FIREMANS FUND INSURANCE COMPANY INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		NAIC #

COVERAGES**CERTIFICATE NUMBER:** [REDACTED]**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	[REDACTED]	03/22/2017	03/22/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	<input checked="" type="checkbox"/>	[REDACTED]	03/22/2017	03/22/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/>	[REDACTED]	03/22/2017	03/22/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	[REDACTED]			WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Third Party Property Damage Props, Sets & Wardrobe Miscellaneous Equipment	<input checked="" type="checkbox"/>	[REDACTED]	03/22/2017	03/22/2018	Limit: \$1,000,000 Ded:\$1,500 Limit: \$1,000,000 Ded:\$1,500 Limit: \$2,000,000 Ded:\$2,500

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

The Certificate Holder is Noted as Additional Insured/ Loss Payee as their rights and interests may appear in the production: "Evil Talks: Chilling Confessions".

CERTIFICATE HOLDERFORT BEND COUNTY
301 Jackson St
Richmond, TX 77469.**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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/29/2017

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 lieu of such endorsement(s).

PRODUCER LIC #63238 Keystone Risk Partners, LLC 604 E. Baltimore Pike Media, PA 19063	1-610-941-7751	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #:	FAX (A/C No.):
INSURED Media Services 500 South Sepulveda Blvd. 4th Floor Los Angeles, CA 90049		INSURER(S) AFFORDING COVERAGE INSURER A: ARCH INS CO INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 11150

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OF AGG	\$ \$ \$ \$ \$ \$
	AUTOMOBILE LIABILITY <input 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					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$ \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input type="checkbox"/> N	- AOS CA, KY, MO, NY, TX	07/01/17 07/01/17	07/01/18 07/01/18	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)	
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For paid personnel of Main Processing, Inc. (MC1) and Main Processing, Inc. (NC2), managed by Media Services, working on Evil Talks: Chilling Confessions - S1 in conjunction with the certificate holder.

CERTIFICATE HOLDER

Red Marble Media, Inc.

134 Charles Street
1st Floor
New York, NY 10036

USA

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

laurae
ACORD 25 (2009/09)

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CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Red Marble Media Inc
New York, NY United States

Certificate Number:
2017-239675

Date Filed:
07/21/2017

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

1004001000
Discovery Channel Filming at Courthouse

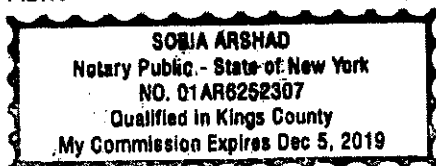
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrew Tseng / Red marble media Inc. this the 21st day of July, 2017, to certify which, witness my hand and seal of office.

[Signature]

Signature of officer administering oath

SOBIA ARSHAD

Printed name of officer administering oath

Notary Public

Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

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Red Marble Media Inc
New York, NY United States

Certificate Number:
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Date Filed:
07/21/2017

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

Date Acknowledged:
07/25/2017

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1004001000
Discovery Channel Filming at Courthouse

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____,
20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath