



IN REPLY REFER TO:

# United States Department of the Interior

NATIONAL PARK SERVICE  
Manhattan Sites  
26 Wall Street  
New York, NY 10005

African Burial Ground N.M.  
Castle Clinton N.M.  
Federal Hall N.M.  
General Grant N.M.  
Governors Island N.M.  
Hamilton Grange N.M.  
Theodore Roosevelt  
Birthplace N.H.S.  
St. Paul's  
Church N.H.S.  
Stonewall N.M.

**National Park Service  
Manhattan Sites  
Special Park Use Program-  
Filming Permit Application Instructions and Requirements**

## **Filming & Photography:**

Effective October 28, 2022, the National Park Service rescinded interim guidance that was in place during litigation regarding commercial filming and has returned to longstanding laws and regulations governing commercial filming in parks. [Questions and answers about filming and photography are provided on this webpage](#). If you have any questions about an event or activity, please email [masi\\_special\\_park\\_use@nps.gov](mailto:masi_special_park_use@nps.gov).

## **Application Process**

We recommend that you visit the park before submitting your application. Applications are reviewed as a **request** and do not guarantee **approval**. For park management to consider a request, the application form with processing fee must be submitted to the office **no later than 10 business days prior to the date of your requested activity**. Your permit application will be reviewed by management and a park representative will contact you regarding park management's decision.

## **Step 1: Submit application form & fee**

A detailed, signed application form with a \$50.00 non-refundable application processing fee must be submitted to the park to begin a review of the requested activity. Please download and fill out the NPS Form 10-932 (Rev. 08/2021) found on the webpage with these instructions ([example in Exhibit B](#)).

*Note: a complete application includes the following:*

1. Appropriate application form
2. Floor plan with layout of event
3. Complete run of show, including arrival, event set up, event runtime, and breakdown/wrap.

The permit application must be emailed to [masi\\_special\\_park\\_use@nps.gov](mailto:masi_special_park_use@nps.gov) or sent by mail to:

**National Park Service  
c/o Special Park Use Program  
26 Wall Street  
New York, New York 10005**

*Application fee payment:*

Payment can be made via check or money order or paid online with Credit card.

- Checks and money orders can be made out to the **National Park Service** and sent to the address above.
- The permit coordinator will send further instructions if paying with credit card online.

**Step 2: Park review & walk through**

After applying, the park will begin reviewing the request. Park staff will plan a site walk through with the applicant and their technical team, to ensure all specific requests are addressed, and included in the request.

**Step 3: Insurance:**

If your permit application is approved, a Certificate of Liability Insurance (COI) from an *Insurance Company located within the United States* must be submitted to the park prior to the executed permit being released to the permittee. Please refer to specifics below and [Exhibit A: insurance for sample.](#)

- A Certificate of Liability Insurance (COI) is required in the amount of one million (\$1,000,000) dollars per occurrence and two million (\$2,000,000) dollars aggregate.
- The United States of America must be listed as an additional insured and shows an endorsement signature of insured insurance company with the following: On the certificate of liability insurance (COI), please list the following information in the appropriate boxes on the form.
- **In the Description of Operations box, please list:**
  - a. The Certificate holder is listed as an additional insured: The United States of America, the Department of Interior, National Park Service
  - b. a description of event or photo shoot.
  - c. all dates requested.
  - d. the National Park location (name of the site) where the event or photo shoot will take place
  - e. an Endorsement from the Permittee's Insurance Company stating that Liability Insurance policy is in effect
- **In the Certificate Holder Box, please list:**  
United States of America National Park Service 1849 C Street NW Washington, D.C 20240

**Step 4: Recovery Cost**

All filming and photography activities will be subject to [a location fee](#), and any cost associated with the proposed activity (administration, monitoring, electricity use etc.) All cost recovery can be paid via check, or money order, or paid online with credit card in the same manner as described in step 1, application fee.

If you have further questions, please email [masi\\_special\\_park\\_use@nps.gov](mailto:masi_special_park_use@nps.gov)

**Exhibit A: Insurance sample.**

ACORD CERTIFICATE OF LIABILITY INSURANCE		Clear	Save	DATE (MM/DD/YYYY)	
<b>PRODUCER</b> THE INSURANCE COMPANY NEEDS TO BE IN GOOD STANDING IN NY STATE		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.			
<b>INSURED</b> LIST THE COMPANY/INDIVIDUAL WHO APPLIED FOR THE SPECIAL PARK USE PERMIT.		<b>INSURERS AFFORDING COVERAGE</b>		<b>NAIC #</b>	
		INSURER A:			
		INSURER B:			
		INSURER C:			
		INSURER D:			
		INSURER E:			
<b>COVERAGES</b> 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
INSURED/LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input checked="" 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 \$ 1,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY - EA ACC AGG \$
	<b>EXCESS UMBRELLA LIABILITY</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROP, ETC, OR FARMER, EXCEPTIVE OR FINDER, IS EXCLUDED! If yes, describe under SPECIAL PROVISIONS below OTHER:				WC STATUS: <input type="checkbox"/> DTH-ER TOBY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYER \$ DISEASE - POLICY LIMIT \$
<b>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS</b> United States of America is named herein as an additional insured.  Insurance company needs to include a description of permitted activity site location, vehicles, equipment, etc.					
<b>CERTIFICATE HOLDER</b> United States of America National Park Service 1849 C Street NW Washington, D.C 20240			<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ 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		

Coverage: \$1M per occurrence and \$2M per Aggregate


Sample

# Exhibit B: 10-932 application form

NPS Form 10-932 (Rev. 08/2021)  
National Park Service

OMB Control No. 1024-0026  
Expiration Date 11/30/2023



**APPLICATION FOR SPECIAL USE PERMIT**  
 **Still Photography  
(Long Form)**



**African Burial Ground National Monument**  
 Attention: Business Management Program  
 26 Wall Street, New York, NY 10005  
 masi\_special\_park\_use@nps.gov

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** A nonrefundable processing fee of \$50.00 must accompany this application unless the requested use is an exercise of a First Amendment right. You must allow sufficient time for the park to process your request; check with the park for guidelines. You will be notified of the status of the application and the necessary steps to secure your final permit. Your permit may require the payment of cost recovery charges and proof of liability insurance naming the United States of America an additional insured.

\* Enter either a Social Security Number OR a tax ID number; we do not require both.

Applicant Information	Company/Organization Information
Applicant Name:	Company/Organization Name:
Social Security Number*:	Tax Identification Number*:
Street Address:	Street Address:
City:	City:
State:	State:
Zip Code:	Zip Code:
Country:	Country:
Telephone Number:	Telephone Number:
Cell Phone Number:	Contact Name:
Fax Number:	Fax Number:
Email Address:	Email Address:

**Project Information**

**Project Name**