

PERMIT CHECK OFF LIST

<i>PREARRANGED, COURTESY, CREW, DELIVERY AND EXPEDITE SERVICES</i>

Miami-Dade Aviation Department
 Landside Operations Division
 P.O. Box 025504
 Miami, Florida 33102-5504
E-mail: groundtransportationpermits@miami-airport.com
 Voice: 305 876-7702, 305 876-7469, 305 876-8494
 Fax: 305 876-7212

NEW _____ RENEWAL _____

PERMIT NUMBER _____

ITEM:	CHECK-OFF	NOTES:
SIGNED ORIGINAL APPLICATION		Completely filled out including email address (please type or print clearly)
SECURITY DEPOSIT (\$500.00) OR RENEWAL FEE (\$100.00)		Check, money order, credit card are accepted (No Cash)
GENERAL LIABILITY MINIMUM \$300,000.00		Please refer to insurance sample provided (originals only)
AUTOMOBILE LIABILITY MINIMUM REQUIRED: \$100,000.00 BODILY INJURY (per person) \$300,000.00 BODILY INJURY (per accident) \$ 50,000.00 PROPERTY DAMAGE (per accident)		Miami-Dade Aviation Department must be named as the certificate holder on the insurance policy with a 30 days written notice of cancellation. (only original certificates accepted)
COPY OF CURRENT LOCAL BUSINESS TAX RECEIPT		
COPY OF CURRENT VEHICLE REGISTRATION(S)		
COPY OF FOR HIRE PERMIT OR PMC CERTIFICATE(S)		Applicable only to General Class A and C Permits

- All permits require the following security deposit: \$500.00 for companies listing less than 10 vehicles and \$1,000.00 for companies listing 10 or more vehicles on their account.
- There is a \$100.00 annual renewal fee. To renew a permit, companies must submit a completed application and copies of all required documentation.
- General Class A permits expire each year on October 31. All other permits expire one year from date of issue.
- Aside from posting the required security deposit, General Class E, (applicable to expedite service only), permits must pay a fee of \$200.00 per vehicle up to a maximum of \$3,000.00 per company.
- For detailed information, fee structure and other requirements, please refer to the operational directive applicable to your particular permit class, (OD24).

Please make checks or money orders payable to: MIAMI-DADE AVIATION DEPARTMENT.

If you require additional information, please feel free to contact our office at the numbers listed above.

ANNEX C
MIAMI-DADE COUNTY AVIATION DEPARTMENT
APPLICATION FOR GROUND TRANSPORTATION SERVICE PERMIT

Company Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

2. General and Sub-class of Permit requested:
- New Renewal
 A - Prearranged Service
 Sub-Class: A1-Bus A2-Van A-3 Limo
 B - Courtesy Service
 Sub-Class: B1-Hotel/Motel (*Small*) Commercial Permit
 B2-Hotel/Motel (*Large*) Commercial Permit
 B3-Commercial Permit (*Small*)
 B4-Commercial Permit (*Large*)
 C - Crew Service
 Sub-Class: C1-Crew Service Permit (*Small*)
 C2-Crew Service Permit (*Large*)
 Delivery Service Permit
 Expedite Service Permit

3. Applicant must attach copies of Occupational License, Vehicle Registration and Insurance Certificates with a 30-day Cancellation. Including Self-Insurance.

MINIMUM INSURANCE REQUIREMENTS

Automobile Liability Insurance in the amounts of:

\$ 100,000 per person

\$ 300,000 per occurrence for bodily injury

\$ 50,000 per occurrence for property damage

General Liability Insurance on a comprehensive basis includes Contractual Liability in an amount not less than \$300,000. Combined single limit per occurrence for bodily injury and property damage.

4. Vehicle identification (continue on an attached sheet, if needed):

Sub-Class	Rated Seating Capacity	Make	Tag Number	Year	V.I.N. Number

The Applicant by submitting this Application agrees to abide by all the terms and conditions of Chapter 25 Code of Miami-Dade County and of Operational Directive No. 24 and warrants that all information herein is true and correct.

_____ Date Applicant's Signature and Title

MIAMI-DADE AVIATION DEPARTMENT

GROUND TRANSPORTATION PERMIT VEHICLE LIST

COMPANY NAME: _____

	SUB-CLASS	SEATS*	MAKE	YEAR	LIC. PLATE #	VIN NUMBER	A.V.I. NO.
1							
2							
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25							

* NOTE: MUST LIST THE MANUFACTURER'S RATED SEATING CAPACITY



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 SAMPLE OF INSURANCE REQUIREMENTS	CONTACT NAME:		
	PHONE (A/C, No. Ext):	FAX (A/C, No):	
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURED SAMPLE OF INSURANCE REQUIREMENTS	INSURER A :		
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			CGL0001234 Amount shown is the minimum required at this time.	00/00/00	00/00/00	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			RPT0123456 Amount shown is the minimum required at this time			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000 \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

MIAMI - DADE COUNTY IS INCLUDED AS AN ADDITIONAL INSURED WITH RESPECTS

TO THE INSURED'S OPERATION. VEHICLE SCHEDULE ATTACHED

CERTIFICATE HOLDER

MIAMI - DADE COUNTY
MIAMI DADE AVIATION DEPARTMENT
LANDSIDE OPERATIONS - PERMIT SECTION
P.O. BOX 025504
MIAMI, FLORIDA 33102-5504
FAX: 305 876-7212

CANCELLATION

SHOULD ANY OF THE ABOVE 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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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