

# Application for a Temporary Permit to Operate an Oversized Commercial Passenger Vehicle at CVG

## Instructions

Oversized vehicles are those capable of carrying 15 passengers or more and/or are more than 28 feet in length. To operate an oversized vehicle for a single pre-arranged pick-up; contact the airport's CPV Coordinator three business days prior to scheduled date and provide:

- The application with all information filled in (see next page)
- Certificate of Liability Insurance showing specific vehicle covered (insurance card not acceptable)

## Operating Procedures

Once paperwork is processed, you will be notified within three business days. If your application is approved, follow these instructions upon arriving at airport:

**1. Proceed to the Police Department for payment.** The fee is \$50 for oversized vehicles/buses capable of carrying 15 passengers or more. Make check or money order payable to KCAB (no cash). Police will check for approval from the CPV Coordinator and issue a temporary pass that is to be displayed on the driver's-side dash of each vehicle. The \$50 fee gives access to the number of vehicles required per event.

**2. Special parking may be required** for this temporary operation, as oversized vehicles are not permitted in the staging lot. The Police will advise where you may park while awaiting your pre-arranged fare to arrive (normally the lot at the Police Dept.)

**3. The driver parks, meets the pre-arranged passenger** in the designated meeting area (see map) and makes arrangements to pick up the passenger at the baggage claim curb. **Note:** There is no parking at the terminal curb. Curb area is for active loading or unloading only. Any vehicle left unattended at curbside, will be towed.

**See Application on Next Page**



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

PROVIDER	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.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

## COVERAGES

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.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		<b>GENERAL LIABILITY</b> <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/OP AGG	\$
		<b>AUTOMOBILE LIABILITY</b> <input checked="" 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)	\$
						PROPERTY DAMAGE	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				-EA ACCIDENT	\$
						EA ACC	\$
						OTHER THAN AUTO ONLY: AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

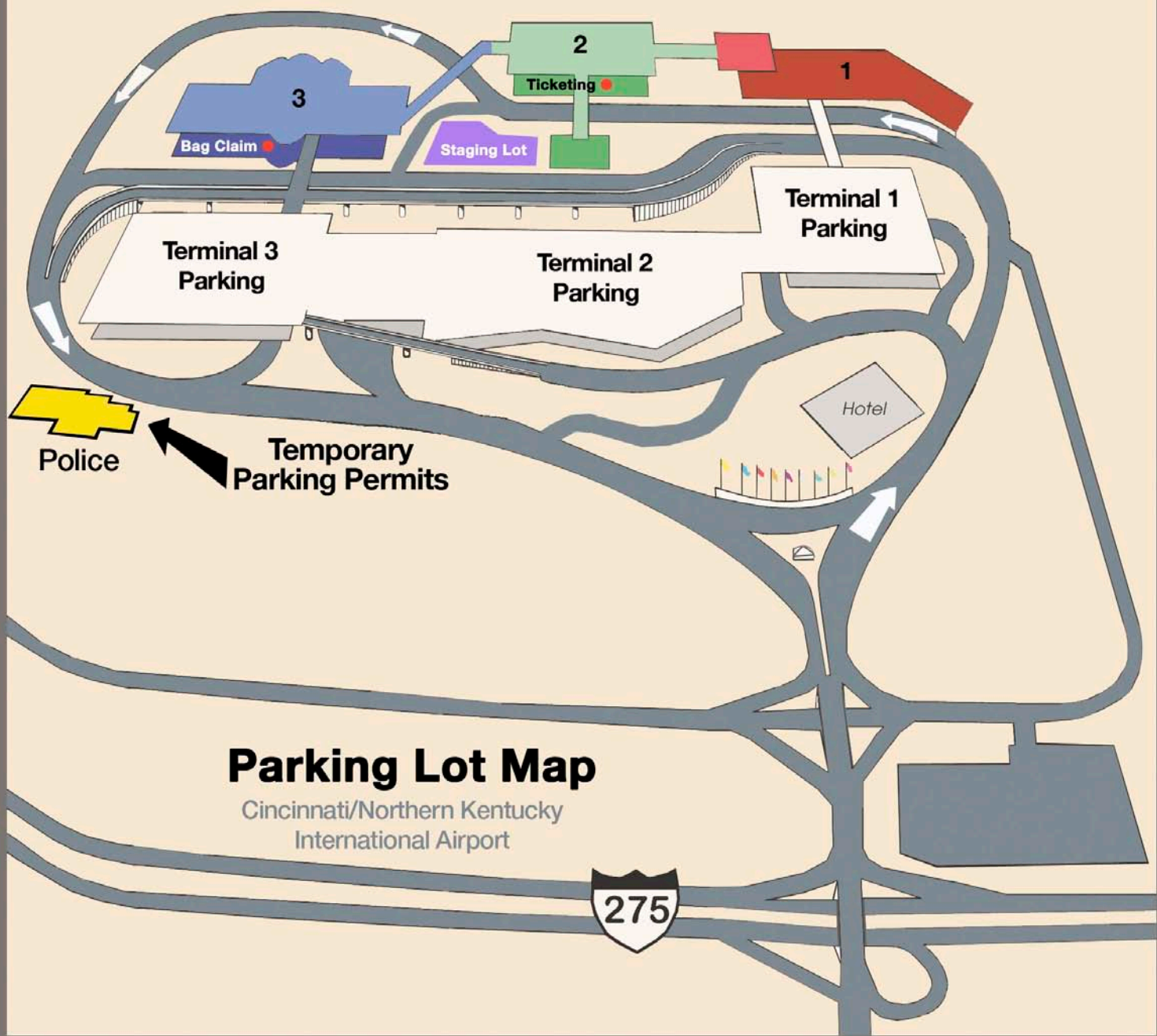
SAMPLE FORM

To Be Filled Out By Insurance Agent

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\* Unless "any auto" is checked above, you must list vehicles covered by the policy, including make, model and VIN.

<b>CERTIFICATE HOLDER</b> <p>KCAB must be named in this space as an additional insured party as follows:</p> <p>Kenton County Airport Board, Risk Manager          Cincinnati/Northern Kentucky Int'l Airport          P.O. Box 752000          Cincinnati, OH 45275</p>	<b>CANCELLATION</b> <p>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.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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# Parking Lot Map

Cincinnati/Northern Kentucky  
International Airport