

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

Instructions

Unregistered vehicles are those carrying up to 14 passengers. To operate an unregistered 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. For vans capable of carrying up to 14 passengers, the fee is \$10. Please make check or money order payable to KCAB; no cash payments will be accepted. 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 \$10 fee gives access to the number of vehicles required per event.

2. Special parking may be required for this temporary operation. 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)

PROLIER	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
	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/OP AGG \$
	AUTOMOBILE LIABILITY <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 \$ -EA ACCIDENT \$ EA ACC \$ OTHER THAN AUTO ONLY: AGG \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

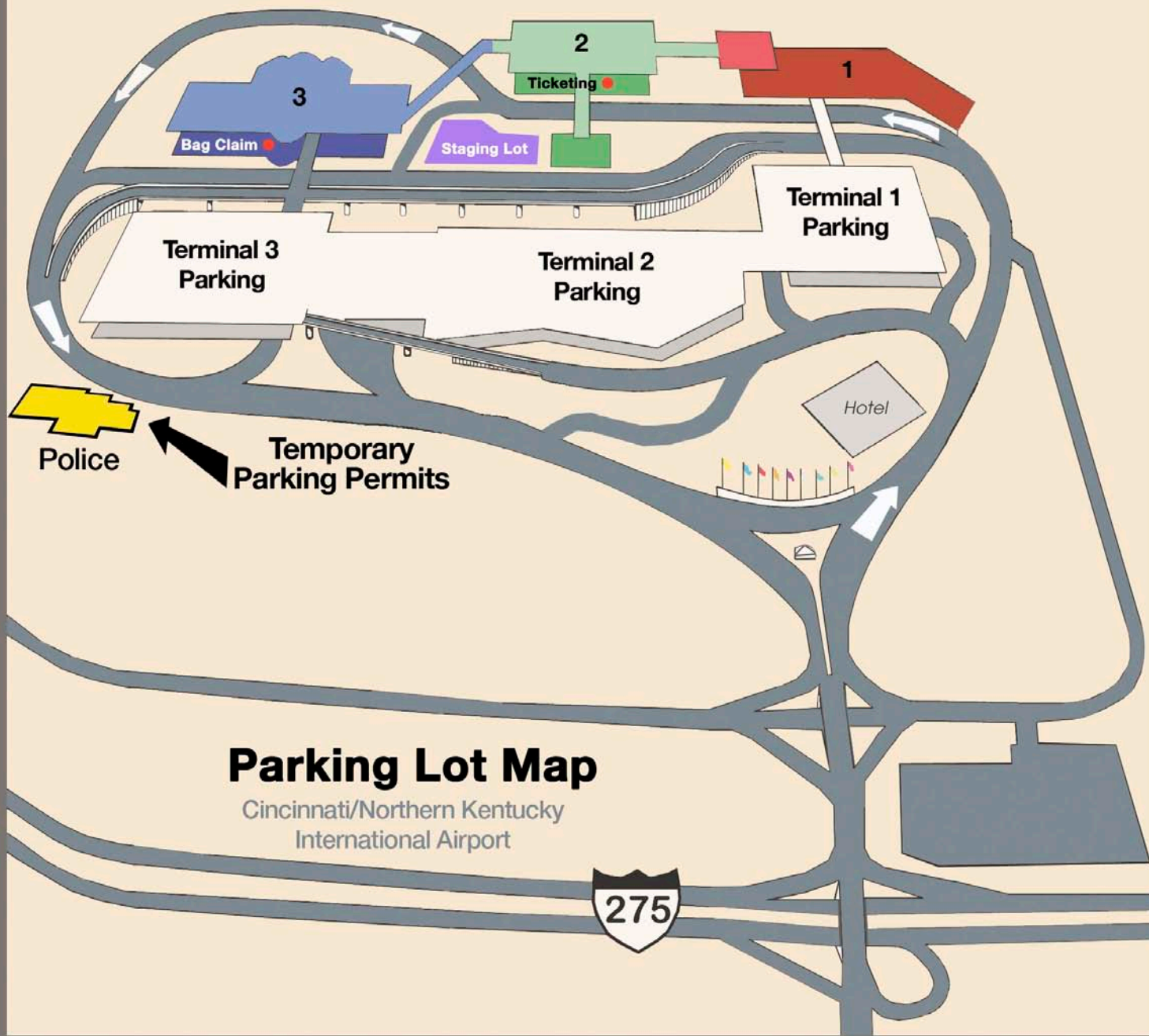
SAMPLE FORM

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.

CERTIFICATE HOLDER <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>	CANCELLATION <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

