



**SUPER BOWL VEHICLE OPERATOR APPLICATION**

**ONLY FOR COMPANIES NOT PERMITTED WITH MDAD-MIA PERMITS**

**Please submit along with your trip sheet to  
Miami International Airport Ground Transportation Landside Operations  
Dolphin Garage - Ground Level - Ramp G-O  
305-876-7497**

DATE OF APPLICATION: \_\_\_\_\_

OPERATOR NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NUMBER OF VEHICLES BEING REGISTERED FOR EVENT: \_\_\_\_\_

ESTIMATED NUMBER OF TRIPS TO BE COMPLETED FOR EVENT: \_\_\_\_\_

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

PRINT

SIGN

The undersigned hereby agrees to pay applicable fees and charges to operate its vehicles in accordance with the rules and regulations issued by Miami Dade County Regulatory Division and the Ground Transportation Operation Division of the Miami Dade Aviation Department.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_



**MIAMI-DADE AVIATION DEPARTMENT- LANDSIDE OPERATIONS -GROUND TRANSPORTATION PERMITS**

**COMPANY:** \_\_\_\_\_ **AIRPORT PERMIT NO.** \_\_\_\_\_

LOCAL

**COMPANY:** \_\_\_\_\_

AFFILIATE

	CLASS A PERMIT		
DATE	A-1 (BUS)	A-2 (VAN)	A-3 (LIMOUSINE)
TOTAL TRIPS			
RATE	<b>\$7.00</b>	<b>\$3.00</b>	<b>\$2.00</b>
AMOUNT DUE			

**TOTAL AMOUNT DUE MDAD: \$** \_\_\_\_\_

PREPARER CERTIFIES THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT THE DETAILED RECORDS WHICH SUPPORT THESE SUMMARY TOTALS ARE AVAILABLE TO MDAD FOR REVIEW.

REPORT PREPARED BY: \_\_\_\_\_ CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
NAME TITLE

REPORT AND PAYMENT DUE ON OR BEFORE FEBRUARY 21, 2020. **CHECKS PAYABLE TO: MIAMI-DADE AVIATION DEPARTMENT**

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (305) 876-7497.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
REQUIRED

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 have ADDITIONAL INSURED provisions or 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: REQUIRED	
	PHONE (A/C, No, Ext): REQUIRED	FAX (A/C, No): REQUIRED
INSURED  SAMPLE OF INSURANCE REQUIREMENTS	E-MAIL ADDRESS: REQUIRED	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<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"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		RPT0123456 Amount shown is the minimum required at this time.	00/00/00	00/00/00	EACH OCCURRENCE \$ 300,000.00 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"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			RPT0123456 Amount shown is the minimum required at this time.	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached 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

### CANCELLATION

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

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