



CITY OF LONG BEACH

LONG BEACH AIRPORT

4100 Donald Douglas Drive Long Beach, CA 90808 (562) 570-2619 FAX (562) 570-2601

APPLICATION INSTRUCTIONS

- (1) Complete the application in its entirety, and pay a non-refundable \$50 application fee (payable in cash or by check made out to the City of Long Beach).
- (2) Attach a copy of Public Utilities Commission (PUC) Certificate
- (3) Attach a copy of Business License (if applicable)
- (4) Attach a copy of your vehicle(s) registration
- (5) Attach your certificate of liability insurance, vehicle schedule, & additional insured endorsement provided by your auto insurance broker

Note (1): The ADDITIONAL INSURED ENDORSEMENT required by the City of Long Beach must explicitly state, "**City of Long Beach, its agents, officials, and employees are named as additional insured as respects their interest in the operation of the named insured.**"

Note (2): The INSURANCE CANCELLATION PROVISION found on the certificate of liability insurance should explicitly state, "**Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to certificate holder.**"

- (6) Return all items as specified in Steps 1-5 above to:

Long Beach Airport
4100 Donald Douglas Drive
Long Beach, CA 90808
FAX (562) 570-2601

If you have any additional questions please call Laura Pio at (562) 570-2628.

**LONG BEACH AIRPORT
APPLICATION FOR LICENSE AGREEMENT
TO CONDUCT A GROUND TRANSPORTATION
SERVICE FROM THE AIRPORT
(Application shall be typed or printed)**

The undersigned holder of a Charter Party Carrier of Passenger certificate and/or Passenger Stage Corporation, issued by the Public Utilities Commission to conduct shuttle van/bus transportation service, hereby applies to the City of Long Beach, Long Beach Airport, for a License Agreement allowing access to the premises of the Long Beach Airport and provides the following information:

1. Company Name: _____

2. Name of Applicant: _____

3. Applicant is:

- Individual
- Partnership – If Partnership, names of all partners-

- Corporation – If Corporation, name(s) of corporation officer(s) who is authorized to sign contracts:

4. Address: _____

5. Telephone:(____) _____ 6. FAX:(____) _____

7. E-mail: _____

8. Vehicles to be operated: (Attach additional page, if needed)

Make	License Number	Make	License No.
Make	License Number	Make	License No.

9. Business License Number: _____ Expires: _____
 City of Issuance: _____
 (attach a copy of current City Business License)

10. Public Utilities Commission Certificate to Operate as a Charter-Party Carrier of Passengers (TCP) and/or Passenger Stage Corporation (PSC). (Attach a copy of current PUC Certificate.)

TCP No. _____ Expiration Date: _____

PSC No. _____ Expiration Date: _____

11. Federal Tax Identification No.: _____

12. Attach a copy of Fares & Charges: Attached

13. Certificate of Insurance requires an endorsement adding, "the City of Long Beach, it's officials employees and agents as additionally insured" as well as the vehicle schedule.

14. Attach a copy of each Vehicle Registration: Attached

15. The following information is required for Federal statistical reports. It will not affect consideration of your application, and will be kept confidential.

Composition of Ownership (more than 50% of ownership of the organization)

a. Ethnic Category (check one)

- American Indian or Alaskan Native
- Asian or Pacific Islander: Descendant of the peoples of the Far East, Southeast Asia, the Pacific Islands, or the Indian sub-continent. This area includes, for example, China, Japan, Korea, Samoa, and the Philippine Islands.
- Black
- Hispanic: Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture, regardless of race
- Other non-white Please Specify:
- Caucasian

b. Non-ethnic factors of ownership (check all applicable, one check per column)

- | | | | | |
|---------------------------------|------------------------|------------------------------|-----------|--------------------------|
| <input type="checkbox"/> Male | Physically Handicapped | Yes <input type="checkbox"/> | Under 65 | <input type="checkbox"/> |
| <input type="checkbox"/> Female | | No <input type="checkbox"/> | 65 & Over | <input type="checkbox"/> |

Has firm previously been certified as a minority-owned and/or woman-owned business enterprise by any other agency?

Yes No

Name of Certifying Agency:

Names of officers, owners or partners: Percentage of ownership

Identify individuals who operate the above named company: Title

Signature of person authorized to sign this application: Date:

Name and title of person signing (*print or type*)

Return application and **non-refundable \$50 application fee** (payable in cash or by check made out to the City of Long Beach) to:

**Long Beach Airport
4100 Donald Douglas Drive
Long Beach, CA 90808**

Rev. 7/09

Excerpt from Non-Exclusive
Ground Transportation License Agreement
Regarding payment of fees and monthly report of operations

Fees As consideration for the granting of the License herein provided, Licensee shall pay to City One Dollar and Seventy-Five cents (\$1.75) per trip to Airport. The fees referred to above are subject to revisions by City and, as such, the fees may be increased or decreased during the term of License Agreement upon thirty (30) days written notice by City's Airport Manager.

Monthly reports of business transacted shall be filed with City on or before the 20th day of the month succeeding the calendar month being reported on and payment of the amount shown due City shall be paid at same time. Said reports shall be on such forms as the Airport Manager shall require, and shall show the business transacted and such other data as may be required.

Please mail your reports of Operations and Payment to:

City of Long Beach – LGB Airport
4100 Donald Douglas Drive
Long Beach, CA 90808

Please Note

If you had no pick-ups on certain month, you still need to send the Reports of Operations with a "Zero" trips placed on the pick-up number zone.

This way the administration knows you are still having business with LGB.

If "zero" trips are the case for a month in particular, feel free to fax the form filled and signed To 562-570-2601 w/attention: accounting.

16. Default and Rights of Termination

If either party shall fail to perform, keep or observe any of the terms, covenants or conditions herein contained on its part to be performed, kept or observed, the other party may give written notice to correct such condition to cure such default. If such condition or default shall continue for ten (10) days after service of such notice, the party not in default may give written notice of its election to terminate this Agreement and this Agreement shall cease and terminate on the date stated on the termination notice. Such election to terminate by either party shall not be constructed as a waiver of any claim it may have against the other party, consistent with such termination; provided, however, that in the event Licensee's Certificate of Public Convenience and Necessity is cancelled or terminated, that this Agreement and all rights of Licensee hereunder shall ipso facto cease and terminate.

The foregoing provisions, however, shall not affect any rights of City if there should be any default in the payment by Licensee of the rent, fees and charges provided herein. If there is such default, City may give licensee a ten (10) day notice to pay all sums due, owing and unpaid, and if such payment is not made within such ten (10) day period, this Agreement and Licensee's rights hereunder shall, at the election of City stated in such notice, forthwith terminate.

Insurance Portion of Non-Exclusive
Ground Transportation License Agreement

15. Insurance

- (a) Licensee shall procure at its expense, and keep in effect at all times during the term of this License, automobile liability insurance covering all vehicles operating under this License Agreement in an amount not less than the amount set by the Public Utilities Commission of the State of California. Said insurance shall be provided by an insurance carrier or carriers admitted to write insurance in California or with a rating of or equivalent to A:VIII by A.M. Best and Company, and shall be endorsed to provide thirty (30) days prior notice of cancellation to the Airport Manager.
- (b) Said insurance may provide for such deductibles or self-insurance as may be acceptable to the City's Risk Manager. In the event such insurance does provide for deductibles or self-insurance, Licensee agrees that it will fully protect City, its officials and employees in the same manner as these interests would have been protected had a policy or policies of commercial insurance been in effect.
- (c) Upon the execution of this Agreement, Licensee shall deliver to City certificates of insurance with original endorsements evidencing the coverage required by this Agreement. The certificates and endorsements shall be signed by a person authorized by the insurer to bind coverage on its behalf. City reserves the right to require complete certified copies of all policies at any time.
- (d) The procuring of said insurance shall not be construed as a limitation on Licensee's liability or as full performance on Licensee's part of the indemnification and hold harmless provisions of this Agreement and Licensee understands and agrees that, notwithstanding any insurance, Licensee's obligation to defend, indemnify and hold City, its officers and employees harmless hereunder is for the full and total amount of any damage, injuries, loss, expense, costs or liabilities caused by the operation of Licensee's transportation services or in any manner connected with or attributed to the acts or omissions of Licensee, its officers, agents, contractors, employees, licensees or patrons.
- (e) Any modification or waiver of the insurance requirements herein shall only be made with the written approval of the City's Risk Manager or designee.

Please remind your insurance broker to include the requirement endorsement, as well as the correct verbiage, in order to avoid delay in the process of your agreement with the City of Long Beach due to insufficient insurance coverage.

ACORD TM.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/06/2007

PRODUCER, Phone: ... Sample

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 # 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.

Table with columns: INSR ADDL LTR / INSR, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE (MM/DD/YY), POLICY EXPIRATION DATE (MM/DD/YY), LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess/Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS SEE SUPPLEMENTAL CERTIFICATE INFORMATION

CERTIFICATE HOLDER: CITY OF LONG BEACH, LONG BEACH AIRPORT, 4100 DONALD DOUGLAS DRIVE, LONG BEACH, CA 90808. Attention: ... CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED 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 DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

SUPPLEMENT TO CERTIFICATE OF LIABILITY INS

DATE
AUG 6 07

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

99 FORD VAN VIN#	
04 CHEVROLET VAN VIN#	\$1,000/\$1,000
99 FORD VAN VIN#	
98 CHEVROLET VAN	
00 FORD VAN VIN# 1.	P/Collision \$1,000/\$1,000
00 DODGE VAN VIN#	
02 FORD E 350 VAN VIN	P/Collision \$1,000/\$1,000
00 DODGE 1500 VAN VI	
03 CHEVROLET ASTRO VAN VIN	OMP/Collision \$1,000/\$1,000
94 FORD VAN VIN#	

Sample

SEE ENDORSEMENT ATTACHED.
CITY OF LONG BEACH, ITS OFFICIALS, EMPLOYEES AND AGENTS ARE NAMED ADDITIONAL INSURED FOR AUTO LIABILITY AND GENERAL LIABILITY.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
 GARAGE COVERAGE FORM
 MOTOR CARRIER COVERAGE FORM
 TRUCKERS COVERAGE FORM

Sample

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective:	10/31/07	Countersigned By:	
Named Insured:		(Authorized Representative)	

Important

SCHEDULE

Name of Person(s) or Organization(s): City of Long Beach, Its Officials, Employees and Agents 4100 Donald Douglas Drive Long Beach, California 90808	Important
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(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in SECTION 11 of the Coverage Form.

POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED- DESIGNATED PERSON
OR ORGANIZATION**

This endorsement modifies Insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

CITY OF LONG BEACH, ITS OFFICIALS,
EMPLOYEES AND AGENTS
4100 DONALD DOUGLAS DRIVE
LONG BEACH, CALIFORNIA 90808

Important

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

Sample