

# CITY OF IRWINDALE

# TRANSPORTATION PERMIT

(626) 430-2211

\_\_\_\_\_ Single Trip

\_\_\_\_\_ Annual

Department of Public Works  
5050 North Irwindale Avenue • Irwindale, CA 91706

<b>PERMIT NO.</b> _____  <small>IN COMPLIANCE WITH YOUR REQUEST AND SUBJECT TO ALL OF THE TERMS, CONDITIONS AND RESTRICTIONS WRITTEN BELOW AND THE ATTACHMENTS, PERMISSION IS HEREBY GRANTED TO:</small> TRUCKING COMPANY NAME: _____  ADDRESS: _____  CITY/STATE: _____  PHONE: _____ FAX: _____		PERMIT VALID BETWEEN _____ AM / / _____ PM / /  AND SUNSET / /  <b>MOVING AUTHORIZED</b> <b>Yes</b> <b>No</b>  Saturday <input type="checkbox"/> <input type="checkbox"/>  Sunday <input type="checkbox"/> <input type="checkbox"/>  Sunset to Sunrise <input type="checkbox"/> <input type="checkbox"/>		<b>APPROVALS</b>          AUTHORIZED CITY REPRESENTATIVE _____          POLICE DEPARTMENT _____	
<input type="checkbox"/> HAUL <b>LOAD OR EQUIPMENT AND MODEL NO:</b> _____ <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW					
TYPE OF VEHICLE: _____					
KING PIN TO LAST AXLE: _____		COMB, VEHICLE LENGTH: _____			
SENDING STATION		RECEIVING STATION			
<small>LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED</small>					
MAX HEIGHT:		MAX WIDTH:			
MAX OVERALL LENGTH:		MAX OVERHANG:			
AXLE NUMBER:	1	2	3		
NUMBER OF TIRES:					
AXILE SPACING:			4'6"		
AXLE WIDTH:					
WEIGHT:					
ORIGIN:	DESTINATION:		TRIPS:		
AUTHORIZED ROADS/STREETS/HIGHWAYS AND/OR OTHER AGENCY PERMITS REQUIRED:					
PILOT CAR <input type="checkbox"/> YES <input type="checkbox"/> NONE REQUIRED		<b>AND RETURN UNLADEN</b>			
<b>Indemnification</b>					
<p>• The Applicant here after "Indemnitor," shall indemnify, protect, defend and hold harmless the City of Irwindale (City), its officers, officials, employees, agents and volunteers ("Indemnified Parties") from and against any and all damages to property or injuries to or death of any person or persons, and shall defend, indemnify, save and hold harmless the City, its officers, officials, employees, agents and volunteers from any and all claims, demands, suits, actions or proceedings of any kind or nature, including, but not by way of limitation, all civil claims, workers' compensation claims, and all other claims resulting from or arising out of the acts, errors or omissions of Indemnitor, its officers, agents and/or employees, whether intentional or negligent, (collectively, "Claims") in the performance of this Agreement. In addition to bearing the full cost and expenses of defending the City, the Indemnitor shall indemnify, protect, defend and hold harmless the Indemnified Parties from and against any and all losses, liabilities, damages, costs and expenses, including legal counsel's fees and costs resulting or related to any such Claims.</p>					
<b>Insurance Requirements</b>					
<p>• General liability insurance. Permittee shall maintain commercial general liability insurance with coverage at least as broad as Insurance Services Office form CG 00 01, in an amount not less than \$1,000,000 per occurrence, \$2,000,000 general aggregate, for bodily injury, personal injury, and property damage. The policy must include contractual liability that has not been amended. Any endorsement restricting standard ISO "insured contract" language will not be accepted.</p> <p>• Automobile liability insurance. Permittee shall maintain automobile liability insurance, with a combined single limit each accident not less than \$1,000,000.</p> <p>• Endorsements: In addition to the certificate of insurance, the City of Irwindale requires an Additional Insured Endorsement page naming "The City of Irwindale, its elected officials, representatives, employees and agents" as additional insured. You must provide a copy of the actual endorsement. Listing the City as an additional insured on the COI is not sufficient. Blanket standard language additional insured forms will not be accepted.</p> <p>• Policy must be issued by an admitted insurer licensed to transact business in the State of California and by an insurer assigned an A.M. Best Rating "Excellent" or better.</p>					
• The Certificate Holder section must reflect: City of Irwindale 5050 N. Irwindale Avenue Irwindale, CA 91706		Print: _____  Signature: _____ <div style="text-align:center;"> <b>PERMITTEES AUTHORIZED AGENT</b>      Date: ____/____/____         </div>			
		<input type="checkbox"/> CASH <input type="checkbox"/> CHECK      FEE <input type="checkbox"/> EXEMPT      \$ _____			