



Portsmouth International Airport at Pease Individual Vehicle Permit Application

Permit #: _____

Name: _____

Cell Phone No: _____ Email Address: _____

Vehicle Make: _____ Model: _____

Year: _____ Color: _____

Plate Number: State: _____

Proof of Registration Attached:

Certificate of Insurance Attached:

I certify that the above information is true and accurate and I agree to abide by the procedures set forth in the Portsmouth International Airport Ground Vehicle Procedures Handbook.

I further certify that I have read, am bound by, and will comply with the instructions set forth on the backside of this form.

Applicant's Signature: _____

Date: ___/___/___

Portsmouth International Airport at Pease Individual Vehicle Permit Instructions

1. All vehicles that have an operational need to access the Portsmouth International Airport at Pease (PSM) Security Identification Display Area (SIDA) or Air Operations Area (AOA) are required to have a Vehicle Permit for the area in which that vehicle will operate.
2. Vehicle operators must have a valid SIDA or General Aviation badge for the area in which the vehicle is operated and a valid driver's license from the state in which they reside. SIDA badges must display the proper driver endorsement symbol.
3. *Vehicle Permit's must be permanently affixed* to the vehicle's front windshield in such a manner that it will not restrict the visibility of the driver. On equipment that is required to have a permit but does not have a windshield, the permit must be permanently affixed to the lower left front of the equipment or as otherwise designated by the Airport Management Department.
4. All vehicles that operate in the SIDA and/or AOA must meet or exceed state vehicle inspection standards and must display a current inspection sticker from the state in which the vehicle is registered.
5. *A minimum of \$1,000,000 automobile liability coverage is required to acquire a Vehicle Permit.* Vehicle owners/operators must provide Proof of Insurance at the time of application and must notify Airport Management immediately if required insurance coverage is no longer in place. An umbrella policy that supplements an underlying policy in order to reach the \$1,000,000 liability limit will be accepted. The Pease Development Authority shall also be listed as a **Certificate Holder** on said policy addressed to 55 International Drive, Portsmouth, NH 03801.
6. Emergency response vehicles with an operational need to be unescorted in the SIDA and/or AOA, are not required to display a SIDA & AOA Vehicle Permit.
7. Any vehicle, or equipment that is parked within the SIDA and AOA area without a vehicle permit, unless otherwise permitted by Airport Management, will be towed and stored at the owner's expense. The Pease Development Authority accepts no responsibility for vehicles or equipment that are damaged during towing.
8. Only properly marked and permitted vehicles driven by individuals properly displaying their airport issued SIDA badge may escort a vehicle without a SIDA & AOA Vehicle Permit into the SIDA and AOA. Vehicles without a sticker must remain under the positive escort of this individual the entire time they are in the SIDA and AOA.
9. **Indemnification:** Except in circumstances involving the gross negligence or willful misconduct of the Pease Development Authority (PDA) or any of its agents or employees, the permittee covenants and agrees to indemnify and hold harmless PDA from and against any and all claims, demands, causes of action, losses, and damages asserted by or on behalf for any person, firm, corporation, and public authority on account of or based upon any death or injury to person or loss of or damage to any property sustained or occurring (or which may be claimed to have been sustained or have occurred) on, in, or about Portsmouth International Airport at Pease and arising from the permittee's use of airport property.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

SAMPLE

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 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	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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 type="checkbox"/> ANY AUTO <input checked="" 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) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Pease Development Authority 55 International Drive Portsmouth NH 03801	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
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