

CITY OF IRWINDALE

TRANSPORTATION PERMIT

(626) 430-2203

_____ **Single Trip**

_____ **Annual**

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

PERMIT NO. _____ <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 _____ / _____ / _____ MOVING AUTHORIZED Yes No Saturday <input type="checkbox"/> <input type="checkbox"/> Sunday <input type="checkbox"/> <input type="checkbox"/> Sunset to Sunrise <input type="checkbox"/> <input type="checkbox"/>		APPROVALS _____ AUTHORIZED CITY REPRESENTATIVE _____ POLICE DEPARTMENT	
<input type="checkbox"/> HAUL <input type="checkbox"/> DRIVE <input type="checkbox"/> TOW		LOAD OR EQUIPMENT AND MODEL NO: _____ _____ TYPE OF VEHICLE: _____		_____ SENDING STATION RECEIVING STATION	
KING PIN TO LAST AXLE: _____		COMB, VEHICLE LENGTH: _____			
LOADED DIMENSIONS DIFFERENT THAN OR WEIGHTS EXCEEDING THOSE SHOWN BELOW ARE NOT AUTHORIZED					
MAX HEIGHT: _____		MAX WIDTH: _____		MAX OVERALL LENGTH: _____	
AXLE NUMBER: 1 _____ 2 _____ 3 _____		4 _____ 5 _____ 6 _____		7 _____ 8 _____ 9 _____	
NUMBER OF TIRES: _____		_____		_____	
AXILE SPACING: _____		_____		_____	
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					AND RETURN UNLADEN
Indemnification					
• 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.					
Insurance Requirements					
• 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.					
• Automobile liability insurance. Permittee shall maintain automobile liability insurance, with a combined single limit each accident not less than \$1,000,000.					
• 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.					
• 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.					
• The Certificate Holder section must reflect: City of Irwindale 5050 N. Irwindale Avenue Irwindale, CA 91706		Print: _____ Signature: _____ _____ PERMITTEES AUTHORIZED AGENT		_____ / _____ / _____ Date	
				<input type="checkbox"/> CASH <input type="checkbox"/> CHECK FEE <input type="checkbox"/> EXEMPT \$ _____	