EXAMPLE 1 EXAMPLE 1 EXAMP				
Application Date:				
Applicant Name:				
Business Name:				
Business Address	:			
City:		State:	Zip:	
24-hr Emergency Contact and Phone Number				
Purpose:				
Vehicle Information	n:			
<u>Year</u>	<u>Make</u>	<u>Model</u>	License Plate #	Permit # (Office Use Only)
Comments:				
 Attach Documents: Commercial or Business Auto Insurance \$75 Permit fee is per vehicle for six (6) months or \$150.00 fee for one year Expiration Date: Permit will expire within six (6) months or twelve (12) months from the date of purchase 				
Authorized Signate	ure		Date	
Permit Start date):	Peri	mit End date:	
TRANSPORTATION AND PUBLIC WORKS DEPARTMENT PARKING SERVICES 311 W. 10 TH STREET FORT WORTH, TX 76102 (817) 392-6667 FAX (817) 392-2460				
Office Use Only Received		Approved		

Denied



TPW/PARKING SERVICES BASIC INSURANCE REQUIREMENTS Commercial Loading Zone Use Permit

The following items represent basic insurance requirements.

1. <u>Business Automobile Liability Insurance Policy</u>

A commercial business policy shall provide coverage on "Any Auto"

- 2. The insurers for all policies must be licensed/approved to do business in the State of Texas and have minimum rating of A: VII in the current A. M. Best Key Rating Guide or have reasonably equivalent financial strength and solvency to the satisfaction of the Risk Manager.
- 3. The deductible or self-insured retention (SIR) affecting required insurance coverage shall be acceptable to the Risk Manager of the City of Fort Worth in regards to asset value and stockholders' equity. In lieu of traditional insurance, alternative coverage maintained through insurance pools or risk retention groups must also be approved.